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ABSTRACT

Provided is a practicum report on a travel training program initiated at the Ray Graham Training Center (Chicago, Illinois) for 40 trainable mentally handicapped young adults. The center is described in terms of the geographic area and clients served, staff roles, parent role, and curriculum. It is noted that a prime impetus for the development of a mobility training program came from the need of clients to reach job sites. A search of the literature is reported to reveal that very little written material exists on travel training for the mentally retarded. Outlined are instructional objectives (such as the ability to discriminate and use various forms of money) and activities (such as orientation tours of the school community), and briefly described are methods for evaluating program effectiveness. Described in the section on program implementation are the gaining of parental cooperation, procedural activities (such as development of a program rational), client selection procedures, and instructional activities (such as field trips). The terminal objective, developmental sequence, and evaluation of the independent travel training design are given. Pointed out are the steps to be taken in preparation for independent travel. Program evaluation results are cited which support the program's success in terms of achievement of program objectives, parental cooperation, and system wide application. Appendixes include a pedestrian skills checklist, a table comparing mobility goals and attainment, and a 36-page teacher's guidebook for mobility training. (SB)

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MAXI II PRACTICUM

REPORT

Development of a Mobility Training Program for young adult Trainable Mentally Handicapped clients at the Ray Graham Training Center.

by

Ellen M. Jordan

Chicago Cluster

September, 1975

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ABSTRACT

For the Trainable Mentally Handicapped young adult to live independently or semi-independently, he must develop the competence to move about his community and reach his job site. Recognizing the need for travel training, a program was initiated at the Ray Graham Training Center. Evaluation of the individual client's level of readiness in such areas as language development, self-care skills, and social maturity, helped set the main goals and behavioral objectives of the program. Parent cooperation and their involvement in several aspects of the program was solicited. The procedures utilized by the team members and the resultant growth in clients' abilities are described. Recommendations for future programs are presented.

ACKNOWLEDGEMENTS

The expressed concern of many fellow educators and parents in the metropolitan area of Chicago led to the initiation of this Practicum effort. Listing their individual names might lead to an omission that I would regret. Consequently, I thank all who have been involved and concerned enough to make any contribution to this undertaking.

Many persons have been intimately involved in developing procedures for, and evaluation of, this practicum effort. The staff of the Ray Graham has provided not only the enthusiasm but the daily effort of providing both prerequisite and requisite skills in our clients' mobility training. Acknowledgement of their individual contributions are listed in the Handbook but the combined efforts are reflected in the final report. Mr. Thomas Orloff and Mrs. Marjorie Peco of Area C provided the information and expertise they had developed in their experience in this field. Mr. Orloff was extremely helpful when the program was initiated at the Ray Graham.

Without the support and funding provided by the Central Office our program development would have been limited. For the guidance and encouragement lent by Mrs. Willie Scarborough, TMH Coordinator, and the administrative support of Mrs. Louise

Daugherty, Assistant Superintendent of Schools, and Miss Elberta Pruitt, Director of Special Education, I am forever grateful.

Most importantly, to all of those who have undertaken the training of the TMH, whether parent or teacher, our work is a most rewarding but unresearched area of education. To help future entrants into the field let us record even our small endeavors and successes so that we may provide a model upon which they can improve.

INTRODUCTION

Since 1950, there has been a rapid growth in services to the retarded due largely to the efforts of such groups as the National Association for Retarded Citizens and the American Association on Mental Deficiency. The major impetus for new approaches to the problem of mental retardation, including research, education, vocational rehabilitation, legal rights, and developing public awareness, came from the President's Committee on Mental Retardation established in 1963.

A constantly changing society and a redefinition and evaluation of mental retardation itself demands a radical departure from traditional training programs for the retarded. The mainstreaming of the retarded into society and the concept of community care for all handicapped increases the demand for training programs geared to the specific needs of the retarded. More research and the better application of the concepts of psychology have aided in the development of many new programs.

Nationwide, there has been a movement toward vocational rehabilitation and community living for the retarded, rather than confinement and custodial care. Normalization for the handicapped has been the prevailing theme of most programs. Illinois has always been a leader in providing special eduation legislation and in the 1973 session enacted a bill mandating the instruction of all mentally handicapped citizens through the age of twenty-one. Implementation of the prevocation

programs for the Trainable Mentally Handicapped has brought about the recognition of the many specialized training areas with which educators must now concern themselves.

At the secondary level the programs developed should broaden the experiences of the mentally retarded citizen and develop the skills, attitudes, and personality traits that will facilitate the client's successful adjustment to life in the family, the community, and in job placement, so that they can become self-supporting, productive members of our society.

THE CENTER AND ITS PURPOSE

The Ray Graham Training Center is a newly constructed facility designed to house a "pilot" program in the prevocational training of adolescent and young adult mentally handicapped clients, ages seventeen through twenty-one years. Efforts to provide special service and programs to older Trainable Mentally Handicapped have been in the planning stage for several years in Chicago. Mrs. Willie Scarborough, TMH coordinator, under the direction of Dr. Louise Daugherty, Assistant Superintendent of Pupil Personnel Services and Special Education, helped develop the Center's philosophy, aided the Facilities Planning in the design of the physical plant when money was made available through Board of Education approval.

I was assigned as Principal of the Center in November, 1973.

The appropriate furniture, equipment, and instructional materials were ordered by me. In addition, I supervised and coordinated the final construction stages of the building and grounds, preparatory to receiving the orignial staff and clients. Potential staff were interviewed and selected during this period. The first clients entered the building on March 4, 1974.

The Center serves a city-wide population so that the geographic area served encompasses almost the entire Chicago area except the outermost reaches of the northwest side. The Center is centrally located within one mile access to such major arteries as the Stevenson Expressway, the Dan Ryan Expressway and Lake Shore Drive. Initially, clients were bused to the Center from all areas of the city.

The school, at 2347 South Wabash Avenue, is located in an industrial sector of the inner city, although a high rise Housing Project is one block east on the west side of State Street. The neighboring business include: F. W. Means, a laundry and linen rental business; Chicago Daily Defender, the largest black owned newspaper in the nation; Quinn Chapel, the oldest African, Methodist Episcopal church in Chicago; R. R. Donnelly, the large printing company; several businesses related to the auto industry, such as parts, repair and dealerships; B. C. Distributing, a large wholesale company; Lakeside

Bank, a subsidiary of R. R. Donnelly; several restaurants and small businesses. Additionally, several hospitals are within a mile radius of the building, including Mercy and Michael Reese. The Illinois Institute of Technology campus begins five blocks to the south.

Because of the wide geographic area served by the Center the school population represents a widely diverse clientele both racially and economically. The current enrollment consists of 53% Black, 40% Caucasian, 6% Spanish and 1% Oriental. Children who are with families on Public Aid, as well as middle and upper income families are represented. If the Free Lunch Program is used as an indicator of economic need, then 42% of our clients of all races are represented in this category. Among occupations of the clients' parents are: unemployed, retirees, blue collar workers, white collar workers, teachers, nurses, policemen, a lawyer, an accountant, and an X-ray technician.

The Center was designed to provide open classrooms, shop facilities, and a diagnostic suite. The entire school grounds are considered a part of the training program, with a large garden area and landscaped grounds to provide training in the service area of maintenance and to provide leisure time activity experience. The Car Wash port is used to train for possible job placement in service stations with car washing service, and to earn money while learning at the Center, as well as to provide a useful skill to family members and friends.

The Home Arts section of the building is a small apartment which contains an L-shaped living room, dining room, a bedroom, a full bathroom and a kitchen. A utility room is located off the kitchen. Since our clients learn best with concrete materials, this facility helps train clients in the housekeeping skills by providing a model.

The one story design of the building accommodates clients who might have motor problems, where stairs might present a problem. Classroom doors have been color coded to aid clients who are non-readers or have little reading proficiency, so that they can recognize various classes. Symbols of various activities of the classrooms are also provided both at the work station and on the client's schedule to serve as support for our clients who function on the lowest levels. A large multi-purpose room in the center of the building serves as gym, assembly hall, lunchroom, and special activity room.

Satellite classes will be established this fall in Area A and Area B so that the clients of these classes can utilize the facilities and program two days a week. During the summer, one class from Lawless School, located in Area A, spent two days a week in the Graham Center.

Future plans include the establishment of satellite classes in Area A and Area B. These would consist of self-contained classrooms of older TMH clients, now housed in a K-8 program.

CLIENTS

The Center accommodates one hundred ten clients on a daily basis. An additional fifteen clients are served through the Satellite program two days a week. This number will increase in the Fall as the program expands.

There are approximately five hundred fifty-seven Trainable Mentally Handicapped between the ages of sixteen and twenty-one who have been reported to the public schools in the city. Seventy-five are served at the Courtenay school on the northwest side and thirty are served in the LasCasas Occupational Center on the far southeast side. The balance of the population was being served in individual classrooms throughout the city. There are approximately one hundred who are in private schools with tuition reimbursement. Because of the size limitations of the Center the size of the original population and the selection guidelines had to be altered. Each area was assigned a percentage of the available openings on the basis of need as determined by the Central office. The Areas will recommend new clients as attrition creates openings. The recommendations come through the TMH coordinator.

Three classes from individual schools were transferred intact, including the teacher, to form the first groups in the Center. Then clients entered from the three Areas. Because of the large number of TMH to be served, entry age has been raised from the original sixteen to eighteen, with priority given to

the nineteen and twenty year old clients. We have attempted also to keep a racial balance that reflects the city's pattern. There are presently fifty-seven boys and fifty-three girls enrolled.

All clients have been evaluated by a registered psychologist for placement in the TMH category. The I.Q. range of our population is between thirty and sixty with an average I.Q. of forty. All types of retardation are represented in the population including: Cultural Familial; Down's Syndrome; and Brain Injured. The often attendant physical handicaps of Cerebral Palsy, Epilepsy, Speech Defects, Hearing and Sight loss, Obesity, Orthodontal Problems, and poor health are also present in various individuals.

The 1973 revision of the AAMD definition of mental retardation reads: Mental retardation refers to a significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period.

The important aspect of the new definition is the emphasis on the deficits in adaptive behavior existing concurrently with a low I.Q. The evaluation of the mentally retarded must take into account more factors than I.Q. test scores.

As a group, some characteristics of the trainable individual are:

Their retardation is a chronic handicapping condition and they will require a continuum of services across their life span.

Although they go through the same developmental stages as the normal child, they reach them slower and need more training and reinforcement for the acquisition of basic skills.

They are weak in reasoning, judgment, and self-control.

They usually have low self-esteem and are vulnerable to feelings of inferiority and guilt.

They need help in establishing goals in relation to their abilities and values.

They often tolerate frustration poorly and may be impulsive in their response to it.

Their ability to concentrate and their attention span is quite limited.

Learning must be accomplished through concrete rather than abstract activities.

STAFF - TEACHERS

Members of the staff include several TMH teachers, a Fine Arts teacher, a Home Arts teacher, a Shop teacher, a Physical Education teacher, a Media teacher, a Cooperative Work Training teacher, a Mobility Training teacher, a Speech Therapist, a Psychologist, a Counselor, a Social Worker, a Teacher-Nurse, an assistant principal and a principal. Para-professional staff include six bus attendants, and four teacher aides. Because of a cutback in funds, four additional aides originally budgeted have not been provided.

In the selection of the original staff several procedures

were followed. In opening a new facility the principal is given Administrative Privilege to request one-third of the teacher quota from any other school, one-third should come from the transfer list, and the balance from new teachers awaiting assignment. The three teachers transferred with their groups were all Full Time Basis substitutes awaiting certification and were counted as new teachers.

Interviews were held with a number of teachers who had sent resumes, were on the transfer list, or who had been recommended by Special Education consultants familiar with their performance. After screening the candidates selection was made on the basis of training, experience, ethnicity, and enthusiasm for the pilot program. Professional interests as evidenced by their membership in such groups as CEC and CARC were also used as indices of possible success.

The age range of the staff is between twenty-three and fifty-five. The majority of the teaching staff is under thirty-three. The ages of the ancillary staff range from twenty-seven through fifty-five. Of the sixteen assigned personnel all but three have M.A.'s and they are currently enrolled in a master's program. Additionally, seven of those with an M. A. degree have completed thirty-six graduate hours, a requirement for salary lane placement of Chicago.

Those teachers selected who hold certificates other than EMH-TMH were to complete their required course work for State

qualification in a year and now hold their TMH certificate in addition to their other certificates which include high school Art, Social Studies, Shop, P. E., and elementary K - 8 certificates.

In defining staff roles the concept of team work is emphasized throughout the program. The ancillary staff are members of the educational team in both evaluation and design of an educational plan for the client. The classroom teachers and auxiliary teachers share lesson planning so that skills can be reinforced. Teachers are also responsible for development of curriculum material for the prevocational program. The evaluative or diagnostic team shares observations and findings with the instructional staff. Some individual roles of staff need further explanation.

Counselor: In addition to the guidance given to client and parent, the counselor serves as leader and coordinator of the diagnostic team. She leads staffing sessions and coordinates the information for future utilization. She aids in placement of clients after graduation. She works with Pupil Personnel Service and the TMH coordinator in enrolling clients. She arranges parent conferences and is available to teachers to aid in client difficulties of an emotional nature. She conducts individual and group counseling sessions.

Psychologist: After administering tests she evaluates the

results and disseminates information in the proper channels. Interpretation of the test results are given to parents and teachers. She aids teachers in the development of prescriptive techniques for the individual client. She participates in the annual review of clients and serves as counselor to those clients and parents needing psychological counseling.

Social Worker: She serves as liaison between the school and home for effective cooperation and as a liaison with agencies which can or should provide service for our clients or their families. She helps develop family background information for staffings and to aid in planning for the clients' future goals.

Teacher-Nurse: In addition to collecting the medical data necessary for the complete client evaluation she serves as a liaison between health serves, the school and parents. She helps identify and evaluate client symptoms for teachers and parents and provides each with information to insure the proper care and protection of the clients.

Cooperative Work Training Teacher: The CWT teacher is responsible for locating job placement opportunities in the community for clients in the Work-Study program. He also contacts businesses to obtain "contract" work for our clients to perform in their sheltered workshop activities and to earn money in return for their work. He supervised clients assigned to prevocational training around the school building to insure the proper job

attitudes and skills. He supervises the clients working in the Mayor's Youth Program where they are paid for their maintenance work in the school. He visits job sites to determine the skills necessary in completing a particular job, designs simulated means of training toward that task at the school, and after job placement, works with the employer to aid in proper adjustment.

Media: In addition to the ordering, cataloging, and distribution of books and instructional materials used in various classrooms, she is responsible for the in-service activity necessary for better utilization of the many audio-visual aids needed in our program. She video tapes various clients' activities for later viewing and helps develop video tape programs to be used for specific learning activities. She also evaluates the effectiveness of various instructional or multi-media materials for our clients and program. In this activity she works with individual clients or a small group of clients. She helped develop many of the materials for our sex education program. She is available to teachers to serve as a resource for new materials or ideas.

Shop: In developing an instructional program the shop teacher must think in terms of the individual client's skills and needs. He also has an Auto Shop certificate and has worked with the larger, more mature boys on car washing, tire changing,

painting, and building larger projects. He has trained clients capable of adhering to safety rules, and without too much motor difficulty, to use many of the shop machines. Many of his activities help the fine motor development of our clients.

Home Arts: In addition to the cooking, cleaning, and housekeeping skills necessary for our clients, she has taught several boys and girls to sew on the sewing machines and supervises the "BlueJean" contract work in which our clients repair recycled blue jeans for sale at a surplus store. From the blue jean fabric remains, she has taught the clients to make "throw" pillows that they applique, and will sell at our Fall bazaar.

Physical Education: In addition to the standard physical activities to promote healthy bodies, the P. E. teacher must design individual programs to develop large motor coordination for clients with particular physical problems. The P. E. teacher also helps develop body awareness which helps reinforce skills in other areas of our program.

Fine Arts: In addition to the basic art skills, the art teacher reinforces much of the language and attitudinal skills from other areas, but concentrates on the development of fine motor coordination, particularly for those clients diagnosed as having great need in this area. Weaving with both paper and yarn, working with paints and modeling clay are some of the ongoing activities. The clients are presently working on block

prints and silk screens for our Christmas cards:

Paraprofessionals: The six bus attendants assigned to the Center are Civil Service employees. Two of them requested transfer to the Center but the other four were assigned by the transportation department. All had previous experience with TMH but only three had worked with the older group. Except in one case they relate well to the clients and work cooperatively with the staff. They accompany the bus driver on the pick-up and delivery of clients, then work as aides in the classrooms during the day,

The teacher aides were interviewed by me and selected on the basis of the skills and attributes they could bring to the program. They, too, are Civil Service personnel. The youngest, age twenty, had no previous experience with the retarded, but all others had some experience.

An experienced clerk was assigned to me a month after I assumed the principalship and has continued in the program. The maintenance of the building is under the supervision of an Engineer Custodian. He also works with clients learning maintenance skills in the building.

PARENTS AND COMMUNITY

As previously noted, the parents are from diverse ethnic backgrounds, communities, and economic status. The shared concern for their special children gives them a special bond.

Shortly after the Center began operation I conducted meetings to establish an Advisory Council. It was determined to form a PTSA (Parent, Teacher, Student Assn.) to serve in this capacity. Eighty-five percent of the parents and clients belong to the organization, and one hundred percent of the staff are members. The organization has grown in numbers and involvement as the program has continued. Recognizing the involvement with business and industry that the Center has and will have, local businessmen and community leaders were also invited to join.

As contacts with business and industry have increased they have become quite involved with the Center and its activities. Not only have they provided "contract" work and some job placement, but they have donated materials and money for use in our training.

Additional benefactors to the Center were acquired through teacher and parent contact. A memorium was donated by the parents of a young lady who had planned to be a special educator before her untimely death. Presentations before two Knights of Columbus Councils resulted in their adoption of the Center in their charity work. As a result the monies realized in their annual "Drive for the Retarded" was donated to us. The Chicago Defender and Lakeside Bank have given aid in various areas many times.

CURRICULUM

The basic philosophy of the Center is to provide the prevocational skills necessary to develop our clients' full potential as participating, productive members of the community.

Curriculum guides for this age level of TMH have been only tentatively developed at this time. A city-wide curriculum committee has been performing this task for the last two summers and will field test the material next fall. Meanwhile we have used the Level III guides designed for TMH through age sixteen (the previous termination date) and extended the concept as appropriate for our level and age group. The New Mexico Curriculum Guide was used as a model for many of the prevocational activities designed for the program. In the area of language development and functional reading and math, the Julia Malloy Curriculum Guide was valuable.

Curriculum committees in our school have formulated curriculum for some areas and we have shared this information with the City committee. The results of this report will also be shared with them.

The educational program of the Center is highly specialized to provide for the individual needs of the client depending on their level of maturity, acquisition of skills, and the closeness of their attrition from the program. Team-teaching and team evaluation and planning is emphasized.

PROBLEM

A prime impetus for the development of some type of mobility training came from the Cooperative Work Training program initially. As the program expanded and job opportunities in the community for our young men and women were explored or secured, it became evident that they would need to be trained to reach the job sites either from their homes or from the school to satisfy the needs of potential employers. The bus transportation supplied by the Board of Education could only be used for transporting the clients to and from school.

Another factor became evident as the school's program developed. Because of the wide range in "functioning" ability of our clients a large number of them will be placed in some sheltered workshop situation that can provide the structured environment they will need. In our training procedures we had contact with several sheltered workshops in the city to determine the type of job contracts they held and the type of training our clients would need to be successful in the various workshops. Sheltered Workshops are managed by the Division of Vocational Rehabilitation, the Citizens for the Retarded, and some private agencies. We discovered that one condition for our clients' future enrollment in any of the workshops available would be self-transportation to the job site. In some cases bus transportation from a client's home was available through the workshop, but at a cost to the client which would

reduce their anticipated income to a much greater degree than public transportation. Sheltered workshops pay clients on a pro-rated basis from the minimum wage scale, according to their efficiency and the amount due the workshop on a contract. Many of our clients would be working at a reduced wage because of their handicap, and the economic deprivation would dissipate already meager earnings and certainly prevent adequate finances for daily living costs.

From conferences with parents and clients it was evident that the range of mobility within the home communities ranged from complete isolation to indifferent freedom. Our young people from lower income families on the average functioned better, had less fear, and exhibited more recognition of travel skill, than young men and women from middle or higher income families. One explanation of this might be that these same clients were less over-protected generally, from our observation of the family. Several of these clients traveled to each others homes, attended movies, and other social events, but were still riding the yellow school bus each day. They also had expressed the desire to ride the CTA to school.

After the initial impact of the immediate need for travel training for those ready for the Work-Study program, it became evident that many of our clients could be lost in their own neighborhood as easily as anywhere in the city. The confusion, danger, and trauma of their disorientation when in strange

circumstances would certainly upset an individual with low mental functioning and judgment to a greater degree than the "normal" child, and further contribute to his confusion. Recently a sixteen year old retardate from a private school on the north side was lost for over twenty-four hours. He had wandered from the school, become lost, and most importantly, did not know how to obtain help.

Within the school itself certain clients exhibited confusion about the location of classrooms and offices. Qualitative expressions such as: in front of, behind, over, under, were often met by puzzled expressions. Because clients have an individual program they are not always moving as groups, and would have to learn to identify both the program and the location of their work station.

In the philosophy of our Center we indicate that we wish our TMH clients to become self-productive, self-sufficient members of the community. Certainly then, our young people should be more visible doing the "normal", everyday activities that other young people accomplish within the limitations of their abilities. Certainly, travel skills represent an important aspect of daily living, and reaching a functional level in this area would seem desirable.

Our prevocational program stresses self-help and daily living skills. Some degree of mobility would be of value to

clients in their adjustment to community living and we should certainly attempt to make our clients as self-sufficient in this area as possible.

A few of the Cooperative Work Training teachers in the city, involved with special education students of various types, were training them to reach job sites and come to school independently, but no organized curriculum or approach had been utilized. If these students could be trained for self-travel, then our clients might also be successful. Additionally, this time spent in travel training reduced the time available to CWT teachers for seeking jobs and supervising students at work sites so that the cost effectiveness of their program would be difficult to analyze.

NEEDS ASSESSMENT

After the problem was identified there was a need to identify specific needs and the present levels of skill development of our clients. An important factor also in the needs assessment was parental attitude toward a program to increase client mobility.

A meeting was held where staff was surveyed to appraise their reaction to such a program and their cooperation in its development. The general feeling of the teachers was that there was much need in this area and that classroom training

could begin to bear on this problem. The differing functioning levels of our clients were noted and it was determined to compose a checklist to evaluate each individual client on the various skills.

It was determined that clients in the Work-Study program displaying the best chance for success were to be selected for training on public transportation as soon as possible. Also, after evaluation and parent contact, the clients needing orientation in the school and home communities would be identified and an educational program would be designed.

The need for additional staff was evident to all because of the time consuming nature of the program and the financial considerations for implementation.

The mobility training program was discussed at PTSA meetings, in newsletters,and at parent counseling sessions to inform parents of the possibility that it would be initiated, and to gain support.

Parents were surveyed about their evaluation of their child's readiness and their reactions to training for mobility both in the home community and on public transportation. At the time of enrollment many parents had expressed fears about the school's location in the inner city and some of the clients from the outermost reaches of the city would be unable to travel to the school on public transportation safely. This

would not preclude their training in public transportation to other places when appropriate.

The proposed mobility training program was explained and discussed at a PTSA meeting to judge parent reaction. As the discussion developed, many fears for the clients' safety were expressed. Opinions ranged from very negative, to very positive. Many parents expressed anxiety about the program. They were primarily concerned with the danger involved in allowing a client with a mental age of four to six years to be exposed to strangers and strange situations. They were also concerned about whether the client could learn the necessary skills, travel in inclement weather, and recognize imminent danger.

As answers were supplied to concerned questions, the general attitude of the parents was one of support. It was explained that conferences would be held with each of them before their child was placed in the program to insure their understanding, and that the mobility training would be tailored as nearly as possible to the individual abilities and needs of the client. A questionaire distributed the day after the meeting, to be returned to the school, gave them the opportunity to think about and react to our proposal. Ninety percent of the respondents were in favor of the total program but many expressed the desire to meet with us for the

full plan for their individual child, indicating that there were still reservations about self-transportation of an individual client. Group movement on public transportation was accepted fully, with a teacher's supervision.

Many societal benefits would accrue from a mobility training program for the retarded. In addition to the individual's potential to be more self-supportive and self-sufficient, this could also reduce welfare costs and increase manpower for many service jobs which are seen as unacceptable to large numbers of the "normal" population, but which are imperative for the operation of many industries. One of the major obstacles in establishing postschool day activity programs for severely retarded adults was the cost of transportation. The cost of purchasing commercial transportation for workshops is increased by the administrative difficulties this entails, because of the need for supervision of the program.

Certainly the benefits that could accrue to the families of the retarded should be considered. Successful movement of the client in the community can help dissipate some of their fears and help them gain confidence and pride in their child.

In our needs assessment it was evident that mobility training is desirable, necessary, and in many respects, mandatory, if TMH clients are to become productive members of the community.

Search of the Literature

In conducting a search of the literature in relation to this practicum effort it was discovered that very little written material existed geared to the mentally retarded in the area of travel training. The term mobility was most often associated with physical handicaps and dealt primarily with prothesis or environmental awareness for the blind or deaf. References to mobility or travel for the retarded were usually related to the need for such training rather than reports of actual training procedures or techniques employed in any organized program.

Walthall and Love[1] state,"The ultimate goal in education of the mentally retarded child is to teach him to help himself. Mentally retarded children should be taught to earn their own living and to be as self supporting as possible. Furthermore, community economy dictates that these children be trained in self-help to the limits of each persons capability. It is economically sound to plan and promote an effective program of education and training because it will reduce the burden of cost for institutional care of those afflicted."

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[1] Walthall, J. and Love, H., Habilitation of the Mentally Retarded Individual, Charles C. Thomas, Springfield, 1974, p. 162

Conwall and Strickland[2] in evaluating job training placement for retarded youth cite some problems encountered with transportation in the various programs they viewed. "The responsibility for transporting residents to and from the job is generally placed on the employer (24 institutions). This procedure seemed to be used regardless of an institution's size or location. The one institution which assumed sole responsibility for transporting residents had only four participants in its program." Certainly potential employers who could not provide transportation were unable to hire the retarded young people even if interested. Training a client to reach the job site would increase his employment potential.

In describing the educational needs of mentally handicapped pupils, Jane L. Adams[3] recommends, "There is a need for community awareness of the mentally retarded student by the process of mobilizing students so that they can travel within the community and acquaint themselves with their community environment. Normalization should be the rule."

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[2] Conwall,G. and Strickland, J., Job Training Placement for Retarded Youth, Charles C. Thomas, Springfield, 1973, p.365

[3] Adams, Jane L., An Education Curriculum for the Moderately, Severely, and Profoundly Mentally Handicapped Pupil, Charles C. Thomas, Springfield, 1975, p. 51

A former vocational rehabilitation counselor in the Texas Cooperative Program, Gary M. Clark,[4] states that one problem in the placement of retardates in Work-Study programs has been difficulty with transportation to and from job stations. "Transportation is essentially the responsibility of parents. Hopefully, the student-client is capable of traveling independently or being able to be trained to do so. However, when parents are unable to provide transportation, limitations on placement are imposed.... Use of public conveyances and developing the ability to get about in the community are vital to the curriculum."

Transportation is cited as one of the problems in job adjustment of the mentally retarded by Ralf Peckham.[5] "A major problem in job adjustment pertained to a general lack of vocational and social sophistication. Retardate's problems included a naive disregard for things such as punctuality, dress, general deportment, and difficulty in managing the problem of transportation."

Habilitation of the mentally retarded poses many difficulties. Even if employed in a sheltered workshop, there is little opportunity for recreation and productive use of

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[4] Daniels, Lloyd, K., Vocational Rehabilitation of the Mentally Retarded, Charles C. Thomas, Springfield, 1974, p. 159

[5] Peckham, Ralf H., "Problems in Job Adjustment of the Mentally Retarded", American Journal of Mental Deficiency; 56(1952) p.124

leisure time without some degree of mobility. These difficulties are discussed by Mikels and Gumniken.[6] "Theore tically, all public parks and facilities are open to the mentally retarded young adult. In practice, few of the more noticeably handicapped retarded adults are able to bring themselves to share in these facilities." Not possessing the necessary travel skills or confidence in their ability narrows the possibility for retarded young adults to participate in community activity in their leisure time.

Jack Tobias[7] slides over the problem of independent travel in his evaluation of the vocational potential of mentally retarded adults he observed in a Work-Study program. "Generally, the client's training counselor transports him to and from the job site. Transporting the client offers the counselor an opportunity to obtain feedback and to assist employers, if necessary each day." If clients were trained to reach the job site, it might increase their independence and the feedback could come in regular counseling sessions. The time spent in transporting clients would seem better used for instruction than conversation.

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6 Mikels, Elaine and Gumniken, Patricia, "For the Former Mental Patient: A Therapeutic Community Hostel ", Journal of Rehabilitation, (1963) Vol 29, p. 21

7 Tobias, Jack, Vocational Rehabilitation for the Mentally Retarded. Charles C. Thomas, Springfield, 1973, p. 250

Few references related to actual mobility training were located. A. Cortazzo in conjunction with J. Tobias and R. Sansone drew attention to the necessity for travel training as cited later in the paper but only offered suggestions to educators for the development of a plan. The most recent reports on mobility training were located in "Teaching the Exceptional Child," a journal from the teacher's division of the Council for Exceptional Children, and were published in the 1975 Spring and Summer issues indicating the growing awareness of the need to develop more specific approaches to the training of the mentally retarded in all aspects of community living skills.

A good article concerning the teaching of protection words to trainable adolescents written by Darlene A. McMullen[8] was helpful to teachers at the Ray Graham in the initial development of a functional vocabulary for travel training but was limited to basic survival words. Expansion of the vocabulary with the inclusion of words deemed necessary for independent travel was accomplished during the development of our program. (See Appendix) TEACHER GUIDE, P. 9 Some of the activities and games suggested by Ms. McMullen were utilized but were adapted to suit the age range of our clients.

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[8]McMullen, Darlene A., "Teaching Protection Words," Teaching Exceptional Children, Vol. 7, Spring, (1975), p. 74

A report by Martha Bordwell[9] on a community involvement program for the trainable adolescent at University Hospital School, a lab school at the University of Iowa presented the most similarity to our undertaking but was still fully supervised without any attempt at independent travel training. Reasons cited in her report for beginning the program are quite similar to our purposes at the Ray Graham Center. "Frequent community exposure is a practical and realistic way to reinforce skills and behaviors teachers are trying to teach in the classroom. ... In a few short years the present population will no longer be in school. Although the school has provided the major outlet for social and educational activities for these students, the family is going to have to assume the primary responsibility for providing these activities in the future. If students can be taught appropriate community behaviors, parents will perhaps be more willing to take their children outside the confines of the home. ... Iowa residents will benefit from increased exposure to the mentally retarded. Because of mainstreaming and the trend toward removing the retarded from institutions and returning them to their local communities, there will be more retarded people living in Iowa City in the future and acceptable behavior will facilitate further deinstitutionalization."

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[9] Bordwell, Martha, "A Community Involvement Program for the Trainable Adolescent", Teaching Exceptional Children, Vol. 7, Summer, 1975, p. 110

Although the desire for mentally retarded young adults to function productively in the community is often stated, an organized, structured program that would enable them to gain some independence toward mobility is certainly evident. It is hoped that this practicum effort will provide a report of the approach taken at the Ray Graham Training Center, the results of our training efforts, and the incentive to adapt and modify the program for utilization with other mentally retarded clients.

PROGRAM DEVELOPMENT

A proposal was submitted to the Special Education Department of the Chicago Board of Education outlining the program and requesting a budget allocation for its development at the Ray Graham Training Center. The proposal included provision of a full time mobility training teacher who would be reimbursed for automobile expenses, an additional school aide, and a transportation allowance for the purchase of CTA passes and tokens. This request was granted in April, 1975, with authorization to be continued through the summer and fall sessions. The teacher selected for the program has been working in the Center in the Fine Arts program and was to be replaced by another teacher who had achieved certification and was assigned into his position. This was a great advantage because Mr. Wright was familiar with all the clients in the Center and had worked closely with them and other teachers from the Center's inception. A retired CTA bus driver was hired to serve as the school aide for the program which provided an area of expertise we would find valuable.

While awaiting authorization for the program, the staff began working with parents to apprise them of the purposes of the program and to help allay the fears expressed when the program was proposed to them. Further discussions of the program were held at PTSA meetings and at the parent counseling sessions. In newsletters to parents, the progress toward

beginning the program was noted and parents were invited to call with any questions or comments they might wish to make. As the Social Worker, Psychologist, CWT teacher, and Counselor made contact with individual parents, discussion of the program was held and the parents' evaluation of how their child might function was noted.

A curriculum committee, chaired by the mobility training teacher, began forming the objectives of the program.

> "Traveling, just as any other skill, is largely dependent on a variety of other prerequisite activities and skills, and when programmed, it can best be developed if it is correlated with other curriculum activities". 10

It was recognized that many other areas of instruction with which we are involved were already closely related to the mobility program. Additionally, the team teaching concept of our Center could be utilized to provide both readiness and reinforcement of many of the objectives we would wish to achieve. Developing the functional language, both verbal and auditory, would be a combined effort of the classroom teacher and the mobility training teacher. The basic self-care skills that would be necessary were already being taught so that adaptation of them to travel was made. The functional math and reading skills being taught could also be utilized as readiness skills for the program.

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[10] A. Cortazzo and R. Sansone, "Travel Training", Teaching Exceptional Children, Spring, 1969, p.69

It was then necessary to determine which clients should be involved in the initial phases of the program. Those clients closest to attrition from the Center either because of their age or readiness to accept full time employment were of immediate concern because of the time limitation we would encounter in working with them. Eighteen clients were selected from this group. Several clients who had expressed high interest in participating in the program and also had demonstrated the readiness necessary to benefit from an intensive mobility training program were also included after parental cooperation was gained. Additional clients were selected on the basis of teacher evaluation of their readiness skills for inclusion in the program. A total of forty clients were selected for participation in the program.

The overall purpose of our mobility training program was to enable clients to become more participating members of the community by partaking of its available resources, following the accepted social rules, and developing independence and self-responsibility. By providing the training which would allow them to move about their community independently, visibly succeeding at normal tasks, their future placement and life would be enriched.

OBJECTIVES

Sixty percent of the forty clients involved in the study would achieve the following objectives at a 100 percent proficiency level:

- clients will recognize and understand appropriate words for information and protection

- clients will provide identifying information about themselves
  - verbally
  - by printed I.D. card
  - by written form

  stating name, address, phone, school and age

- clients will demonstrate monetary discrimination by
  - making simple change
  - use of CTA tokens
  - reserve of emergency money
  - making small purchases

- clients will be able to take appropriate action when lost or bothered by a stranger by
  - placing a phone call
  - contacting a policeman
  - contacting a mailman
  - contacting a store clerk
  - or contacting any uniformed personnel

- clients will demonstrate social and emotional development by
  - maintaining appropriate dress for weather conditions
  - maintaining a neat appearance
  - practicing good health habits
  - recognizing and leaving a provoking situation
  - refraining from unattractive actions in public places
  - responding politely to questions
  - waiting for others to finish talking before speaking

The objectives for Pedestrian Skills were developed and a checklist (see Appendix II) was utilized to measure pre- and post- performance levels.

Sixty percent of the forty clients involved in the study would achieve the following objectives at an eighty percent proficiency level:

- stops at curb before entering intersection without a traffic light
- looks to right and left for approaching cars
- waits for oncoming cars to pass
- checks for turning cars
- follows above procedures even if traffic is not heavy
- looks before crossing a driveway or alley
- does not play in alleys, driveways, or streets
- walks on the right side of the sidewalk in any crowded areas
- does not run on the sidewalk
- recognizes traffic signs and obeys them
- crosses at intersections rather than in the middle of the block
- can locate service resources in the neighborhood such as:
  - post office
  - grocery store
  - theatre
  - bowling alley

- shopping area
- park
- church
- library

- can avoid the dangers of the neighborhood such as:
  - railroad tracks
  - expressways
  - deserted buildings
  - strangers
  - strange animals

The objectives for travel on public transportation were listed. Clients who have reached the proficiency level expected in the readiness tasks would participate in this aspect of training.

Eighty percent of the forty clients would achieve a 100 percent proficiency level in the following objectives:

- clients will be able to locate the bus stop near their home and the school
- client will be familiar with the bus stop sign and its meaning
- clients will be able to board the correct bus noting the proper number or identifying code
- clients will be able to board the bus safely using hand rails
- client will position self away from the curb or edge of track
- clients will have correct fare and be able to use the fare box on the bus or the turnstile properly
- client will identify landmarks for transfer or departure sites
- client will be able to alert driver verbally or to pull cord to sound the buzzer to alert driver that he wishes to disembark

- client will enter and exit through the correct door
- client will be able to push open the spring door to exit recognizing the speed and possible danger involved
- client will know the walking route from his home to the bus stop and from the bus stop to the school

ACTIVITIES

Varied strategies to be employed to achieve the objectives of the program were developed.

At the readiness level teachers would initiate, guide and when appropriate participate in the following:

- orientation tours of the school (inside and outside)
- orientation tours of the school community
- discussion of travel behavior as a pedestrian
- plan and participate in several actual field trips to a community resource
- dramatize going on errands in the school and at home
- practice using electric street signals in dramatization
- conduct role play as a pedestrian, passenger, bus driver, traffic officer
- reinforce personal care skills through class work
- reinforce functional vocabulary through instruction
- introduce the specific vocabulary for travel using such aids as:

- flash cards
- experience charts
- language master cards
- printed forms
- replicas of street signs
- pictures from magazines
- puzzle boards
- money kits
- real money
- transfers

As clients reach the proficiency level suitable for more mobility the mobility training teacher and an aide would give them more direct supervision in their home communities and on public transportation. Some of the listed activities to be used with the readiness group include:

- use of videotape to highlight route which a client will travel showing traffic signs, landmarks and transfer points
- positioning of a CTA bus at the school to practice boarding, paying fare, seating and departure procedures
- communicating with parents to establish procedures and check progress
- conducting an orientation tour of the client's home community
- checking client's progress on solo walking trip
- riding the bus with a client to and from school to instruct in actual procedures
- following a client in an automobile to check progress and procedures when faced with independent travel

- checking each day and then intermittently on client's progress and procedures when faced with independent travel
- arranging visits to resource areas of the various communities

Evaluation

The evaluation of the Practicum effort would be both formative and summative in nature. Recognizing the dearth of research in this area of training for the mentally retarded, the strategies to be employed would have to be judged by their effectiveness in achieving the program objectives. An evaluation of the program design would be necessary to effectively gear the program to the individual needs and abilities of the clients. The activities and strategies for instruction would be evaluated by the classroom teachers, the mobility teacher, staff, and the principal. The most effective and efficient means of instruction were to be noted for inclusion in future planning. Recognition of strengths and weaknesses in the Practicum effort would be used to improve future programs at the Ray Graham and in other Special Education centers throughout the city.

A client's success in the program would be evaluated by several indices. The easiest barometer of success would be the number of clients who can successfully travel to and from

the Center independently. Improvement in movement around the building and outside garden area will be measured. Greater independence in safe travel in the client's home community will be judged, utilizing parental observation in addition to the mobility teacher evaluation. An increase in parental cooperation with the program would indicate success. The individual achievement of the clients involved will be assessed by several means.

A test of Prerequisite Skills was devised utilizing the format of the American Association of Mental Deficiency and the Trainable Mentally Retarded Scales sections related to mobility readiness skills and performance levels which were deemed necessary for entry into the intermediate stages of mobility training; Communication, Awareness, Social, and Numbers. (see Appendix)I In each of the sections under the main categories a score of 0 to 4 was assigned to the tasks described with 0 indicating that a client possessed no skill in that area. For each of the categories a Habilitation score was calculated to determine the client's entry level and to indicate readiness to receive more advanced training in the pedestrian skills and independent travel. This instrument was also used to diagnose individual needs so that training could be directed to developing these necessary skills.

The individual achievement of the clients involved in the training in pedestrian skills will be assessed by use of the Pedestrian Checklist given at the inception and the conclusion of training to note growth or change in their developmental levels. (see Appendix)[illegible], The pedestrian skills will be assessed by the mobility training teacher, the aide, and the classroom teacher during field trips.

Before a client will begin training for independent travel he most demonstrate proficiency in the prerequisite skills and pedestrian skills necessary to survive. The cyclical pattern of staffing employed at the Center should enable us to judge a client's movement toward success and to make recommendations for necessary changes in an individual's learning prescription.

IMPLEMENTATION OF THE PROGRAM

The commitment of the Ray Graham staff, the cooperation of the Area B office and the Central Office's understanding of the special nature of our Center has provided a fertile ground for innovation and experimentation. Funding of our Mobility Training program enabled the Center to accelerate our normalization activities for the TMR young adult.

The initiation of the Practicum effort involved several areas of concentration. The cooperation and participation of the Ray Graham staff in assessing needs, developing program objectives, planning learning experiences and designing evaluation instruments was solicited. The program proposal was submitted and accepted for funding by the Central Office. Parental understanding and cooperation had to be sought in a variety of ways. Clients to be included in the Practicum effort were identified and the coordination role of the mobility was defined.

Gaining Parental Cooperation

The concept of independent travel had been introduced to parents at PTSA meetings, during Parent Share-In counseling sessions, through newsletters and in individual conferences with the ancillary staff. Some parents had already accepted the idea of independent travel. Their children traveled through the neighborhood (although not always safely) but with enough "Street Knowledge" to make it to and from local sites. They were still unable to use public transportation. These parents were extremely pleased to have the school provide the training on public transportation that would enable their children to come to and from school, go to jobs or travel safely in the

neighborhood. Other parents felt that with the proper training their children could succeed at independent travel. They also recognized the maturational and emotional needs of their children to live a normal life. Describing and explaining the program purposes to these parents was an easy although time consuming task.

Dealing with other parents entailed much more counseling and instruction. Whether of low or high economic income the protection these families provided their children over the years could not be easily overcome by a few communiques or calls from the school. The image of the "perennial child" (whether precipitated by guilt, fear, or lack of knowledge) was extremely difficult to overcome. These parents had to be convinced of the long range benefits accr to their children by the independent functioning of the clie n a normal situation. It was important that the approach t se parents was professional, concerned, and informed. The lity teacher and the staff members having the closest contact with the parent discussed the program procedures in detail allowing the parent to voice concerns about any aspect of his child's involvement which deterred his cooperation. More independent action and responsibility within the school was instituted for the clients.

Parents were kept informed of the level of functioning their child had attained. Parents were also encouraged to question the clients at home about their experiences and feelings.

Permission was obtained from all parents to allow their children to participate in the readiness activities including out of building training sessions under teacher supervision. Permission to train in the home community and on public transportation was gained on an individual basis as a client demonstrated the achievement of a skill necessary for success.

Interviews were held with the parents to determine the client's present level of mobility in the local setting and the special needs of the particular client and household. It was discovered that many parents wished training so that a client could go to the local grocery, visit a relative or friend who lived nearby, or reach a local recreational site without close supervision.

Additional support to program participation occured when two clients lived in the same area and could serve as a team in using public transportation. This same teaming enabled clients to visit each other and improve their socialization opportunities. One of the difficulties our clients encounter is a lack of friends and outside social contacts.

Procedural Activities

Development of a program rational was a first consideration before the specific objectives were determined. The overall purpose of our mobility training program was to enable clients to become participating members of the community by partaking of its available resources, following the accepted social rules, and developing independence and self-responsibility. Community exposure and successful completion of "normal" tasks could also serve as an enlightment to the community and demonstrate the sometimes unrecognized capacities of the trainable young adult.

The pre-vocational nature of the Center also demands that we provide training in as many aspects of a client's future occupation as possible to provide him with the necessary skills to be successful in whichever area of the work force he may finally enter. Additionally the maturational needs of our clients must be considered for their successful adjustment to society.

> "The importance of mobility within an ever widening environment hardly needs to be stressed. When retarded people are dependent on adult assistance for locomotion beyond the immediate environs of their home the range of possible activities becomes very restricted and isolation becomes the rule." [11]

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[11] J.Tobias and A.Cortazzo, Training Severly Retarded Adults for Greater Independence in Community Living, Training School Bulletin, New York, May,1963; p. 26

From the inception of the program a team approach to mobility training was utilized. All teachers recognized that the TMH young adult must develop certain skills to function day to day. This necessitates the ability to understand certain printed words and the meanings of certain verbal directions. A fundamental understanding of basic survival and protection words increases the likelihood of more independent functioning. There may be situations that arise where the client will be required to make judgments and there is a need to recognize and understand certain basic concepts.

As the staff developed the previously stated objectives of the program it was recognized that many of the prerequisite skills necessary for success were already included in the objectives of our Self-Help, Language Development and Vocational Preparation areas. For the sake of clarity and to insure measurable skills in the mobility program these objectives were not restated. Furthermore, this approach to teaching the basic concepts such as reading protection words, the appropriate management of money, and appropriate social behavior within the classroom without a practical application in a "real" situation might be expecting a transfer of learning from the retarded that even the average student finds difficult. This reinforced the need for the mobility teacher and his aide to keep in close

contact with the classroom teacher and staff in developing the individual plan of a client for independence.

In working with the trainable client it is essential to provide concrete, motivating, stimulating, and meaningful experiences to achieve success of an objective. Certain teacher behaviors are required sine the client is usually unable to analyze a required task and dissect it into its component parts without great difficulty. Training in a particular task requires that the teacher do a task analysis of an objective so that the sequential steps can be identified and taught. Certain guidelines for all teachers were established. These same guidelines are required in all subject areas of the Center and also apply to training for mobility.

One task at a time is introduced.

Reinforcement of that skill should be built into daily instruction.

Teach new skills as mastery is achieved.

Make your directions as simple and clear cut as possible.

Retest skill after a delay period to insure retention.

Work gradually, fitting your demands to the learning ability of the client.

Concrete and real objects should be used whenever possible--telephone, signs, application forms, money

Varied approaches utilizing auditory, kinesthetic and visual techniques

Practice activities should be provided so that the skill may be retained.

Another decision was to establish levels of competence so that clients could be placed properly and a time line could be established. Clients at the readiness level would spend four modules a week in the classroom setting establishing prerequisite skills and three modules weekly with the mobility teacher for specific application and reinforcement of the desired skills. At the intermediate level clients would spend four modules a week in the classroom setting and three modules with the mobility teacher, but greater emphasis would be placed on pedestrian skills, community resources, and the practical application of skills. At the advanced level clients would spend three modules a week with the mobility teacher in instructional activities plus intensive training on public transportation to and from the Center or in the home community reaching a selected site. This aspect of the program will be defined in greater detail in the instructional activities section of this report. After a client completes this aspect of training he remains with the advanced group during instructional activity

to receive supportive aid from the teacher and to serve as a resource to the group for the solution of unanticipated problems. This time period will hopefully be shortened as the program continues but presently serves as an incentive and resource to the group.

Client Selection

Forty clients were selected to serve as the pilot group for the program. The nineteen clients who would be twenty-one this school year were automatically selected because of their closeness to attrition from the Center and the need to intensify services to aid in their adjustment to the new situations they will soon encounter. They were placed in all three levels of competency. The balance of the pilot group was selected on the basis of maturity, personal need, and interest. As clients were brought into the program it became a "status" class and requests to be included increased. It was explained that the display of certain skills and behaviors were necessary for a client to join the group. The "spin-off" effect was that these clients displayed better self-control and a more cooperative attitude in other areas of the program to prove their readiness for independent travel.

Instructional Activities

For purposes of this report a concentration on those aspects of the program specifically concerned with the training

for independent movement will be discussed. The learning activities necessary for the readiness to participate in independent travel can be designed or located by interested individuals. The actual experiences and learning activities involved in the training program can provide impetus to others to provide this needed service for the retarded.

Travel training begins in the classroom. A client must be able to follow simple directions, locate areas of the classroom, recognize clue words such as front, back, window, door, teacher's desk, table, bookshelf, etc. Daily practice in identifying directions and locations is given.

Travel from one classroom to another without getting lost is another important aspect of training. At the Center a modular schedule for each client has been planned. A client must locate the work station to which he is assigned and follow his time schedule. Each modular group contains ten to fifteen clients. Clients at the advanced levels have had little difficulty in following their program but those at the lower functioning levels still need assistance regularly. Moving as a unit has helped this group but an individual who is separated from the group may need help in reading the program. Although reading the program has been a difficulty, the location of the work station after directions have been given

has been an almost total success. Following a direct path and reaching the appropriate station has now been achieved by every client in the program. This means that they have been able to identify at least twenty-five different locations in the Center independently.

Movement in the community under the direction of the teacher is the next step followed. Providing experiences to increase awareness by the client of the many resources of the community is essential. Training in the pedestrian skills can be accomplished as well as training in the utilization of community services.

Several field trips were planned based on the concept of an expanding environment.

School Neighborhood - Walking trips identifying landmarks and community resources were taken. Several clients opened accounts at Lakeside Bank located close to the Center. Other clients went grocery shopping for home economics supplies at the local supermarket. Clients walked to a swimming session at Dunbar High School located several blocks away. Small groups had lunch at the Burger King on the next block. (See Appendix, Teacher's Guide, p. 9)

School Community - The location of the Center with its proximity to the Downtown area and the beautiful lakefront

provided an excellent resource for the use of public transportation while developing the experiential background of clients and reinforc ing the concepts being developed in other parts of the program.

a. Small groups traveled on the elevated and by bus to the "Loop" area located only three miles from the Center. They went shopping in a department store for a pre-selected article and had lunch in a small restaurant. Each client paid his own fare, showed his identification and gained experience in using public transportation. Additionally, they had to manage money, make contact with salespeople, and demonstrate their social awareness. Riding the escalator, the elevator, and walking through crowded streets demanded a great degree of body awareness and mobility skills.

b. The next trip was to the North Michigan Avenue area on a bus where a transfer would have to be made. A visit to the Ninety-fifth Floor Observation Deck was followed by a walk to the Oak Street Beach where hot dogs and soda were purchased for lunch before the return to the Center. Again the clients had the opportunity to practice their mobility skills and enrich their background.

Home Community

For three other trips the clients were grouped by the geographic area in which they lived. A large shopping center in each area was selected as the final destination but the bus route was planned so that the immediate neighborhood of each client would be visited. This enabled the client to identify neighborhood resources and the local and familiar sites such

as: the grocery store where his family shopped, the local park, his church, his house and other points of importance to him. Questions were asked by other clients and the teacher to help show the commonality of neighborhoods. At the final destination the clients purchased articles and then had lunch in a fast order restaurant.

Arrangements were made with the Chicago Transit Authority for a bus to be parked in front of the school to be used for training purposes. The mobility training teacher reviewed the skills taught during classroom lessons before the bus arrived. Clients practiced boarding the bus, showing the student pass to the driver, placing the token or change in the coin box, requesting and paying for a transfer and the selection of a seat that offered a clear view of the route and landmarks. The clients engaged in role playing of appropriate reactions to various situations a client might encounter such as: where to locate oneself when a seat is unavailable, a stranger speaking to them on the bus, someone acting raucous, a bus parked too far from the curb, listening for stops to be called, notifying the bus driver when they wish to debark, sounding the buzzer, and pushing the exit doors.

The clients were videotaped practicing these procedures for later use in classroom instruction. Videotape was also utilized to film clients participating in pedestrian activity

to help identify street signs, crosswalks, and general safety rules. The bus stop, elevated platform, subway station and the surrounding school area were included in the film to make the instruction as concrete as possible. It was also felt that the use of our own clients as actors would increase interest and response to the film.

It was also felt that it was important for clients to know how to react to large crowd situations. Several trips were planned to provide this experience. A field trip was taken to Grant Park where the Shedd Aquarium is located. Clients had the opportunity to view exhibits as part of a group, locate washroom facilities, find the cafeteria, purchase food within the limits of their budget, carry trays and select a table at which to eat. They had to find the information desk, maneuver the long corridors and rows of stairs and reassemble at a designated location. They then walked through Grant Park viewing the harbor and practicing pedestrian skills and safety rules.

Clients were also taken to the Circus. Keeping with the group, going through turnstyles, handing the agent the ticket, locating seats in the large auditorium, maneuvering the bleacher type stairs, avoiding the hazards of electrical wiring on the floor and dealing with vendors were some of

the learning skills developed in addition to the enjoyable time had by all.

A trip to a movie theatre involved selecting the feature, knowing the starting time, bringing the correct entry fee, and planning the bus route. At the theatre clients had to purchase tickets, check correct change, give the ticket to the agent, locate a seat in a semi-dark theatre, display appropriate behavior, locate washrooms, popcorn counter, exit doors and reassemble for the return trip. Travel procedures were reviewed before the trip and practiced during travel.

A walking trip to a bowling alley located about a mile west of the Center enabled clients to practice pedestrian skills and participate in a recreational activity with other community members. In each small group a client was given responsibility for leading the group. Discussions were held before and after the trip about the procedures followed.

INDEPENDENT TRAVEL - A DESIGN

Before a client can be placed in independent travel he should display both the skills and reliability to handle the situation. He must be able to perform the mechanics and handle the stress of the endeavor. Only a client's dedication to his purpose and his awareness and respect of the potential dangers will suffice to guard against failure.

Terminal Objective

The client will be able to locate his bus stop and display mature behavior in his travels. He will board the bus, deposit the correct fare, show his identification card, select a seat with a clear view of the route, and behave in a socially accepted manner. He will be able to travel from his home to the Center arriving safely at the appointed time. He will be able to return home safely following the prescribed route.

Prerequisites

He must have a student I.D. card listing:

> name, address, phone number, age, Social Security number, Ray Graham Training Center, address, phone number, principal's name, and any medical information.

He must be able to dial the operator and give school information and home information. He must know what to do in emergencies and reconize potential dangers. He must always have emergency money with him. He must carry his student identification card and CTA bus pass with him at all times.

He must have demonstrated ability in the necessary functional language and have achieved monetary discrimination.

He must have demonstrated proficiency in pedestrian skills.

Developmental Sequence

1. To display good manners and safety while walking to the bus stop, the client must:

   a. recognize and know the meaning of traffic signs and signals.

   b. recognize and use cross walks by crossing only at corners.

   c. look both ways before crossing the street and look into the proper lane for approaching cars.

   d. walk across the street without hesitation when it is determined to be safe.

   e. remain on the sidewalk while walking (not on the grass or street).

   f. be mindful of other pedestrians on the sidewalk.

   g. not engage in playing, running, yelling, or other disturbing actions.

   h. not accept rides, candy, money, or converse with strangers that approach him.

2. While at the bus stop the client must:

   a. recognize bus stop signs and know that the bus he needs stops at this corner.

   b. remain on the sidewalk near the sign.

   c. be considerate of other people waiting for the bus.

   d. recognize his bus, by number, as it approaches.

   e. have exact fare in his hand ready to deposit.

   f. have student pass ready to show bus driver.

   g. position self away from the curb for safety.

3. While riding the bus the client must:

   a. wait his turn to get on the bus.

   b. walk up the steps using hand rail for safety.

   c. be able to deposit the exact fare in the collection box, ask for a transfer if necessary, and request assistance from the bus driver if needed.

   d. walk down the aisle and select a seat, preferably near a window so that the route is visible.

   e. if no seats are available, grasp support pole, over head or on seats and stand in the aisle.

   f. sit in his seat during the bus ride.

   g. anticipate his stop and signal the driver in the appropriate manner.

   h. exit through rear door, manuevering push doors and standing clear of the bus as it pulls off.

4. To receive permission for independent travel to and from school the client must:

   a. have demonstrated on at least three different occasions his ability to travel to and from school in the manner outlined in this objective. He will be accompanied but not assisted by the teacher.

   b. have all required forms signed by parents and filed with the principal before permission will be granted.

   c. if possible, a clandestine observation will be made by a person who knows the client on sight but who is not known to the client. This person would ride with the client to further check his ability and alert the school to needed areas.

Procedure:

1 - recognition and discrimination procedures in the classroom using pictures, flannel board, flash cards, replicas of street signs, pictures from magazines, puzzle boards, etc.

role playing in the classroom, experience charts, money kits, forms, student pass, real money.

video tape of signs, route, procedures, etc.

dramatize by walks through the neighborhood.

class discussion, movie (Officer Friendly), visit from Officer Friendly, reinforce in counseling sessions.

2 - role play in the classroom, reinforce on walking trips.

role play, discuss, language master cards, money recognition, purchases.

set up a mock bus in the classroom using chairs, etc., and have clients role play various situations.

3 - reinforce during field trips.

arrange for a CTA bus to be stationed at the school for a day to practice and reinforce skills.

In groups of not more than ten with a teacher and attendant present, the student will ride a bus to various points in the city.

Students will be grouped according to the general areas of their homes for trips to their home communities. Landmarks near their home and the local bus route and signs will be pointed out.

The groups should become smaller as ability improves and clients then given the responsibility to transport the small groups using proper procedures.

Evaluation

When a client has demonstrated proficiency in all areas of the travel skills he may be a candidate for "solo" travel. The judgment of the mobility teacher and classroom teacher will determine the level of competence of each client.

Training for the Solo Trip

The basic method utilized in training for independent travel is: the client performs all of the operations of self-travel first with the teacher, then alone with the teacher observing and finally alone. The operations of travel can be broken down into two categories, the mechanics of travel and the route.

Several items must be prepared prior to independent travel. Student passes for a reduced fare rate were secured from the Chicago Transit Authority. These cards will be important for later training because a new law passed by the City Council will offer reduced fares to handicapped people and they will probably use an identification card of some type. Additionally, each client at the Center has an identification card with his picture encased in plastic. The client's name, address, home telephone number, school, school telephone number and his signature are on the card. A medical alert

stamp is used for those clients who have physical disabilities such as epilepsy or a heart condition that might require emergency attention. Each client must additionally keep money in a wallet or purse to be used for emergency phone calls or added fares. It was found that a dime taped to the back of the student I. D. card insured that money for a phone call would always be available.

Parental permission for independent travel was then secured. The route to be traveled was discussed and cleared with the parents. Procedures that the client would follow were agreed upon with the understanding that regression to immature behavior might cause a client's removal from independent travel. Procedures for calling home and school to handle emergencies were explained to the parents. The client made several practice calls to his home and the school using a coin phone to insure his understanding of this task. Throughout training, the support of the parents is necessary for success so close communication between the school and the home is essential.

On the first day of training the teacher meets the client at his home at the appointed time. He travels with him to his bus stop, reinforcing safety rules, pointing out landmarks, and checking pedestrian skills along the way. At the bus stop, the

client checks the bus route sign, restates the number of the bus he is to take and checks for: student pass, I. D. card, bus fare, and emergency money. The teacher notes his activities checking for areas that might need reinforcement. If the elevated or subway is to be used this is the beginning location. Some clients have been able to identify the destination sign and use this instead of the number. The bus number is checked verbally with the driver if possible before boarding. Boarding and fare operations are then handled and seat selection is made. The teacher points out landmarks just previous to a client's stop or transfer point to alert him to the upcoming stop. The client sounds the buzzer before his stop and debarks safely by maneuvering the push out exit doors. If the bus is too crowded he moves to the driver station to exit at the front door. From the beginning the object is to allow the client to lead the way so that he can demonstrate his ability. It is important to reinforce the concept that the client is eventually expected to travel alone.

On the second day the teacher meets the client at his home and follows him through the designated steps. He sits further away from the client on the bus and notes problems the client may encounter. If the client disembarks at the wrong point the teacher follows him and aids in finding the

solution to the problem. If a stranger approaches the client, the teacher observes the client's reactions and reserves intervention until it might be necessary. All of the procedures of the previous day are followed except that the teacher offers as little assistance as possible.

On the third day the teacher waits for the client outside his home. He follows the client to the bus stop but offers no assistance to him. He sits far away from him on the bus and avoids giving any signs verbally or by body language that indicate the client's performance level. Throughout this "trial run" period a client is encouraged to discuss his reactions to independent travel and any problems he might have with the mobility training teacher. His experiences are discussed during mobility classes to aid himself and others to cope with the emotional stress and methodological problems he may encounter. Supervised travel of this type takes about two to five days depending on the ability of the client and the simplicity of the route. The teacher takes nothing for granted during this training. Each task must be checked carefully.

If a client does not display a proficiency in self-travel skills or "panics" at the removal of teacher support, he is not allowed to attempt the "solo" trip at this time. Further

training and emotional support from the staff are given to prepare him for a future "solo." If a client is fairly successful and only needs additional practice and review, this procedure is continued until he has acquired enough proficiency to travel alone.

When a client reaches the performance level that indicates he can travel independently, the teacher then follows the client through the procedure in his car, making notes for further training and correction.

For two or three more days the teacher remains in his car, and observes the client at the bus stop and boarding the bus. He then follows the bus to the stop or transfer point to insure that the client leaves at the proper site. If a client gets off too soon or misses the stop he follows until the client debarks. He then observes the client's passage to school or home. When the client is successful three times in this operation he is allowed to make his "solo" trip.

The parents are alerted so that they may aid in insuring that the client leaves at the proper time, is dressed appropriately, and has his money and identification. A solo trip is never planned for a Monday of the day following a holiday. When the client arrives at the Center he calls his

parents after checking with the mobility teacher. During class that day he discusses his experiences, describes any difficulties encountered and receives any additional aid he might need. He is dismissed early that afternoon to retrace his route with instructions to call the Center when he arrives home or if he has a problem. After a few days the calls are eliminated unless he encounters difficulty of some type. The client is checked periodically to insure that he has the proper money and identification. He also verbally reviews his route especially after vacation, illness, or any break in routine.

Problems Encountered

The final evaluation of any program cannot be solely defined in process and product changes. The reason for those changes is usually the problems one has encountered in the original design. Utilizing experiences to evaluate and improve a program is of the utmost importance. The inclusion at this point in the report of the problems we encountered may provide others who further develop our final program with a recognition of the realities and foibles that intervene even when a program has been planned, tested and revised. No program ought be "static" however good the basic premise. Adaptation should be made not only by other interested parties but also by the initiators if it is to prove a program of value.

With this concept in mind, I offer for the analysis of others some of the problems encountered in our undertaking as an anecdotal record to be utilized in the adaptation of the program to their particular circumstances.

A few clients on independent travel have gotten off of the bus at the wrong stop or transfer point and successfully reached the Center by boarding the next bus and explaining the problem to the driver or by walking to the transfer point when they recognized it was only a block or two away. Others who have ridden past their stop have been understood by the bus driver on the return route when they explained their problem and showed their I.D. card. Two have paid an additional fare to return to the proper stop. At this point in the Practicum effort no client has been so thoroughly lost that he had to call the Center for assistance but we continue to stress emergency procedures in the event that they are needed.

A potential client, Willie Greer, who lived too far north for inclusion in our school bus pattern was trained to reach the Center by CTA so that he could enjoy the benefits of our program before he was twenty-one and ineligible. A further note on this young man is that his parents have remained active in our PTSA after his graduation, and provide great insight into the future needs of our clients to staff and other parents.

After entry into the Ray Graham we secured placement for him in an Approved Home Facility on the far Southwest side of the city and he was easily retrained in the new route to the Center. Another client who lived in the vicinity of Willie's new transfer point was teamed with him and came to the school daily without a problem. When Willie graduated and went to work in a sheltered workshop, the team effort had to end. Willie learned his new route which was shorter and easier very successfully. However, Billy, his team mate moved a short distance away and his retraining proved more difficult. Although he can travel alone, he tends to be insecure about the task and has been returned to the intermediate group until more skills are developed and maturity and confidence are acquired.

The elevated and subway systems of the city has caused us more than our share of problems. A client on a "solo" trip that involved use of both the bus and subway system arrived at the Center perfectly and on time, but the teacher was not there to check him in. He announced that the "teacher was lost" and found it quite amusing. (So did I.) Forty-five minutes later the teacher arrived, somewhat harried and explained that the morning traffic and circuitous route he had to follow had enabled the client to make much better time on the subway than he could make in his auto.

We also discovered that several clients were too frightened by the subway to enable us to use it as a means of transportation. Maneuvering the steps, the loud noise of the trains, and the drop in the platform where the trains ran were too overwhelming for them to handle. Additionally, learning the code system of the trains is a difficult task for the lower functioning client. For this reason we checked a client's tolerance before choosing this mode of transportation.

One morning, I noted a client getting off the bus at a different site than I knew had been selected for his route during training. I lost sight of him then but he arrived at the Center at the proper time. When I questioned him I discovered that he had found a shorter route to the Center by talking to the CTA bus driver the previous day. The new route was safer and more convenient than the route designed by us in cooperation with the CTA.

On a field trip to North Michigan Avenue that included a visit to the John Hancock building it was discovered that some of the clients were frightened of the escalator and elevator. They would have walked ninety-five floors before boarding either. A teacher somewhat shared their phobia, stayed with them, and rode the escalator one floor but that group never reached the observation deck.

EVALUATION

Achievement of Program Objectives

The pre-test of prerequisite skills (see Appendix, I), was administered to the original forty clients selected for the mobility training program. Clients were grouped into three classes depending on the areas of need evidenced from this pre-test. As previously stated, clients moved through the primary, intermediate and advanced classes as they achieved success in more skill areas. The "Z" group or advanced group were the first clients placed on independent travel. The pre-test scores of some clients indicated that they already possessed many of the prerequisite skills necessary for independent travel. Analysis of the pre-test sub-scores helped indicate each client's weaknesses and allowed us to design an instructional program to provide training in these areas.

The post-test (see Appendix, I) was administered to each client when in the judgement of the mobility teacher and the classroom teachers he appeared ready for involvement in the advanced group. If he received a Habilitation score of seventy-six he became a candidate for independent travel provided he had achieved a level of three on most of the subtests in an area.

The Habilitation score represents a composite of the individual sub-test scores in each of the main categories of Communication, Awareness, Social and Money. Each category has a habilitation score which indicates a client's strength or weakness in that area. The term habilitation was adopted from the American Association of Mental Deficiency which uses this term in their large TMR profile. Since we will be using various segments of this profile in evaluating our clients in other aspects of our program it was decided to apply the term to our mobility program as well. Additionally, this is a term recognized by the agencies which are involved with the retarded and to whom we will be making referrals. It was also our feeling that the term habilitation indicated a progress through training.

Of the original forty clients, thirty-six achieved this Habilitation score during the course of the program. (see Appendix, Table I) This surpassed our original goal of twenty-four clients achieving 100 percent accuracy.

Two clients were a few points low on the post-test but examination of their individual tests indicated the points lost were in the Time Concept (see Appendix, Ia) and Security (see Appendix, Ib) areas. The feeling of the principal, the mobility teacher and the staff was that each client tended to be shy and came from a highly protective home situation. Possibly those sub-test items failed by these clients did not reflect the true potential of these particular clients. They were placed in the advanced group for a trial effort. In the advanced group they proved to be more successful than some clients who had scored much higher on the post-test of pre-requisite skills. Both became candidates for independent travel but needed constant reassurance of their success. Their parents also needed constant reassurance that their children are adjusting to this neww independence in an excellent manner. One client continues in the advanced group training for independent travel but the other transferred out of the city.

As part of our process evaluation it was determined to examine these two sub-tests for their true applicability to the real experience of travel. "Telling time" appears to be much more important than identifying abstract words like"sooner", "later", or "immediately" which are found in the Time Concept sub-test in relation to this curriculum area. Additionally, these items did not reflect our original behaviorial objectives adequately. Conversely, measuring the self-confidence or Security feelings of a client is much more vital to success. In this area we need to hone the observational techniques of teachers to a better degree and also recognize that the Center is an extension of the family protective atmosphere operating in an institution and we are subject to our own personal restrictions in objective evaluation. From this viewpoint, our experience provided an incentive for more in-service in objective evaluation for the professionals at the Center.

We had set a target of sixty percent client success in achieving 100 percent proficiency with the prerequisite skills in our first major objective. We had surpassed our expectations by reaching a ninety percent level. Clients were able to understand the functional language involved in the training (see Appendix, Teacher's Guide, p. 2-6) exceptionally well. They demonstrated

Monetary discrimination both in classroom work and in the practical experiences in which they participated. Appropriate action was taken in mock emergency situations. The demonstration of social and emotional development proved to be the area where the most "reminders" were needed so that a client did not become lax but continued to demonstrate mature behavior.

The ninety percent level of achievement was quite high. This will probably not be as high for subsequent groups since many of the clients who were involved function at a slightly higher level than a more representative TMH group and since their selection had been partially based on their maturity.

Measurement of a client's pedestrian skills was an ongoing process. The Pedestrian Checklist (see Appendix, III) was used for the initial walking trip to survey the present status of a client's performance and to plan for the necessary instruction and reinforcement. Our goal had been that sixty percent of the forty clients involved in the program would reach an eighty percent proficiency level in performing pedestrian skills. At the program's conclusion, ninety percent or thirty-six clients had achieved the eighty percent level of proficiency for these skills. It is felt that the constant reminders of classroom teachers and the practice opportunities provided by the many

field trips planned (see Appendix, Table II) lent support to this area of training. The mobility teacher checked the pedestrian skills of each client when traveling to the bus stop, neighborhood stores, and on formal outings. Parents report more safety consciousness in their children at home. Not only can clients verbalize the proper techniques but they continue to practice such skills as: stopping at the curb, looking right and left, obeying traffic signals, and locating resource areas. The clients remaining in the group will continue practicing pedestrian skills in the advanced group.

Clients were highly successful in learning the readiness skills for travel on public transportation. Thirty-two clients achieved 100 percent proficiency level in this area. Utilizing real situations for training purposes was highly motivating to the clients. Stationing the real CTA bus at school so that they could practice using tokens, alerting the bus driver, locating seats and other necessary tasks, was very successful. By using public transportation regularly on field trips and in conjuction with other curriculum areas their confidence in their ability to perform these tasks was increased. In these situations they needed

to make little transference of learning to be successful at these tasks. As their functional language facility increased they were able to describe their procedures and express any difficulties they encountered more adequately.

As the mobility program developed, several facets of the program required adjustment. At the regular meetings held by the principal with the mobility teacher and the classroom teachers it was necessary to better coordinate the efforts of the classroom teachers and the mobility teachers. Individual meetings between the mobility teacher and the classroom teachers were arranged so that they could concentrate on the individual needs of each client. This enabled us to check on each client's progress toward independent travel more accurately and to make adjustments in his group placement so that he was placed at the most appropriate training level. It also enabled the teachers to share successful activities for classroom training.

We also had to place more emphasis on the responsibility of the client to phone the Center when they were to be absent just as they would have to notify their boss if they had a job. This was a topic of the C.T.U. Professional Problems Committee monthly meeting with the principal. Some teachers felt that

certain clients were abusing their new freedom. At this meeting the principal stressed the responsibility of all staff members in providing supervision of the clients assigned to their homerooms and reporting tardiness or improper procedures to the mobility training teacher. If a client had not arrived at the appointed time the mobility teacher would call the home to check on the client and to reinforce the rule about calling the Center to report any delay or absence. After a few phone calls to the small number of clients who would neglect to call the Center this problem ceased. As an interesting sidelight, the attendance of the clients on mobility is higher than it is for clients who ride the school bus. The overall daily attendance for clients at the Center is 91.67 and for mobility clients it is 95.23.

The teachers also felt that their language development classes had to be grouped in a better fashion. As a solution they grouped the clients from three classrooms into six instructional groupings. They also modified the original functional vocabulary list. They divided words into groups that were mandatory functional reading vocabulary and those that were recognition by visual or auditory means. Other words too difficult for the majority of clients but words they would encounter were taught as auditory and visual

reception words. Expressive vocabulary was included so that clients could practice and utilize those expressions with confidence. A client was taught as many sight vocabulary words as possible depending on his language ability. The need to develop instructional materials suited to the travel training program was apparent and teachers adapted and devised various approaches to this problem. Some of the games and activities listed in the Guidebook represent the approaches found successful with our clients.

At the conclusion of the program, twenty-eight or seventy percent of the original clients selected were on independent travel and highly successful. This was less than the target criterion of eighty percent originally expected when the program was planned. Two of these cases involved particular difficulties when they were ready for independent travel. Andre's mother unexpectedly withdrew her permission for him to travel alone. She cited his petit mal epileptic seizures as the main reason. She was afraid that they might occur when he was on the bus alone. We were unable to change her mind at that time but Andre became extremely upset and caused much difficulty both at home and at the Center for a time because of his disappointment and anger. It is hoped that

counseling and Andre's continuing maturity will make the mother more receptive to future involvement since Andre is an excellent candidate and has very few seizures.

Another case that was unsuccessful was Billy Ealy as cited previously in the report. Billy lacked the necessary confidence to travel without a companion. His training will continue at the Center and a future trial at independent travel will be attempted when and if he shows more maturity.

Of the ten clients remaining in the original pilot group, two were dropped until a later time at the request of their parents as described later under Parent Cooperation. They will come back into the advanced group this Spring. One client has transferred out of the city. Seven clients remain in the advanced group and will begin their independent travel activities before the close of the school year. The probability of success for this group is very high. Time has been more a factor in initiating their independent travel training than their lack of readiness.

Another measure of the success of the program is the progress various clients have made toward productive living. Of the original forty clients, three are now in sheltered workshops full time and travel between the workshop and home

quite easily. Two others are employed full time and earn regular wages. One works in a candy factory and the other in a wholesale food warehouse. Both travel independently to work and other areas of the city. One girl left school to have a baby and has returned alone to visit the Center several times. Two other young men hold part time jobs after school. There would probably be more clients in full or part time employment presently if the unemployment situation was better. In many situations where our clients could be employed there is a "freeze" on hiring or the job is filled by someone unable to find a more highly skilled and better paying job. Nonetheless, our clients will be able to better compete with others in the job market having acquired the skills of independent travel.

Evaluation of Parental Cooperation

Evaluation of parental cooperation in the mobility training program was based on several factors. Measurement of parental cooperation would involve their willingness to participate in the program, the return of survey forms and permission slips concerning the program, their participation in training procedures, and their response to their child's independent travel activities.

At the initiation of the program, ten parents had expressed grave concern about how successful their children would be in independent travel. Four other parents thought the program was good but were concerned about their child's safety on public transportation. Six parents were very enthusiastic about the program and anxious to have their children involved. The remaining parents had reservations about the program but were willing to cooperate after consultation with the mobility teacher, principal, and school staff.

At the conclusion of the program the majority of parents expressed pleasure with the program and confidence in their children's success. In the case of William, I had been warned by a special education consultant and this young man's previous teacher when he was enrolled in the Center not to

approach his mother about her son's involvment in mobility training because of her overprotective attitude toward him. William was not only successful in independent travel but has now moved into a semi-independent living facility. His mother has been very active in all aspects of the Center's total program after he entered. She stated that she gained confidence in William's ability to be independent as she watched him function in this large group situation, received reports of his success from various teachers, and observed the planning for independent travel among the staff. Also, William was requesting more independence at home and with added responsibility was indicating his ability to function more independently. The decision to move him to Carsi Hall was partly based on his success in the mobility program.

Two of the parents who had originally expressed concern for their children's safety have asked that their children be removed from the program until a later time. It is the opinion of the writer that inclement weather which struck Chicago just at the time these clients were to start their independent travel had some effect on the parent's attitudes. They stated such things as: "What if the bus runs late because of the snow?" and "He won't remember to button his coat or put his hat on in this weather." They asked that

their children's training be delayed until Spring. As previously stated these clients will rejoin the advanced group and be trained in independent travel this Spring. Since both are June graduates it is vital that their training be completed. Conferences have been held with each of these parents stressing the need for this training to aid the client's future success in the sheltered workshop they will attend.

Counseling continues with Andre's mother who withdrew permission because of Andre's seizures. The teacher-nurse has become quite involved in helping this mother contact a health clinic to regulate Andre's medication better. Andre has grown considerably in the last year to a height of six feet and a weight of 165 pounds. His previous medication was inappropriate for his size and the seizure activity was occuring in the evening at home. Hopefully, Andre will return to the independent travel program.

All survey forms and permission slips were returned to the Center promptly. The phone and personal contact with families probably aided in this response. It was also stressed with clients that these forms were necessary for their inclusion and continuation in the mobility program.

In addition to giving permission for their child to participate in the mobility program, another measure of parent cooperation was the willingness to check a client's progress during our initial independent travel training. A parent followed his child to the bus stop to see that he observed the pedestrian rules and adhered to proper procedures. Working parents traced the route on Saturday or their day off. They would then phone the Center with a report on the client's progress. They were asked to recheck periodically and relay their observations to the mobility teacher. The mobility teacher and aide made spot checks on each client at their bus or elevated stop both at home and near school throughout the program. Corrective instruction was given when necessary.

After a client has been on independent travel for one month the mobility teacher contacted the parent and asked the following questions:

1. Are you pleased you decided to allow _____ to participate in the mobility program?

   In all but the three previously cited cases the response was affirmative.

2. Was there anything about the program you felt could have been better?

The response to this question varied. Most parents felt the program was satisfactory as planned. Some others made suggestions such as: "Let the clients leave for home at 2:00 instead of 2:30, so they miss the crowds." This would deprive them of the division period at the end of the day and more buses run at that time of day to accommodate students and shift workers. "Spend more time riding the bus with them." Spending too much time riding with the client could cause his lack of confidence. This "solo" trip must be made sometime and by following the bus in an auto we could judge areas of weakness better than by riding the same bus. Experience showed clients tended to keep watching the teacher or aide for reassurance when they rode the same bus. "Tell them not to "fool on the bus." This was an aspect of the training and a continued part of their showing maturity. We had actually had no complaints about client behavior on public transportation.

3. Do you note any difference in your son/daughter since joining the mobility training program?

All responses to this question were positive except for Andre's mother who cited his anger and disobedience at home after being removed from the program. Some representative statements by parents were: "He is happier and occupies himself better when he comes home." "He asks to do errands for me like going to the grocery and the cleaners." "She is more talkative and tells us what she saw and did each day." "He accompanies the family on more outings now. He used to resist visiting relatives or going to social events." "He spends more time at the park." "She now rides her bike around the neighborhood." "He visits his friends from school now and they visit him."

4. Would you be willing to share your experience in the

program with the parents of future candidates for independent travel?

> Most parents were willing to talk to others about the experience. Some said that they didn't know how helpful they would be but would help as much as they could. Six parents said they were working and unable to attend meetings during the day but offered their services on the telephone at night. Actually, these parents have already shared a great deal of information with other parents during PTSA meetings and Share-In sessions but we felt that a one-to-one relationship might be helpful for some reluctant parents to help them overcome fears.

Since parent cooperation and participation is an important aspect of all facets of the Center's program, it is difficult to factor out the effect of the mobility program solely. It provided one more means of gaining parental cooperation and confidence in the Center's program toward the fullest functioning possible for the retarded young adult.

System Wide Application

The need for an organized approach to mobility training throughout the system had been expressed by special education consultants, EMH and TMH teachers and CWT teachers. The need to develop a curriculum guide in this area was stated. This practicum effort provided the vehicle that could be the basis of such a curriculum guide. By identifying specific needs

and suggesting successful activities and techniques it provided the incentive for an expansion of this practicum into a new curriculum guide for mobility training starting at the primary trainable mentally handicapped level.

Dissemination of the results of the Practicum effort was achieved by several means. The entire report including the guidebook was shared with special education consultants throughout the city. The full report was also shared with the principals of other special education facilities including the physically handicapped so that with adaptation of some of the procedures specifically designed for the mentally retarded it would serve as a useful model to aid them in patterning a program for their students.

The writer serves on the Advisory Board of the Chicago Council for Exceptional Children as Newsletter Editor. She has access to special educators in many fields besides mental retardation. The report and the results of our training program have been shared with them for their adaptation. Interest has been high from all of these people.

I have made presentations to several groups concerning the development of a mobility training program for their school or workshop. After administrators have visited the Center and learned of the program we were developing they requested more

information so that they could incorporate the concept into their programs. I have been invited to speak to the faculties of the Courtneay and Talcott schools before they initated a similar program. Most of the presentations made though, have been to parent groups. This has been an effort on the part of those schools or centers to help alleviate parent concern and to elicit their cooperation in their proposed mobility programs at those particular locations. To aid in these presentations I have prepared a slide and tape presentation to show visually the success of our individual clients as they travel in the neighborhood and on public transportation. The background music used in the presentation is Bing Crosby's "I've Got Something To Be Thankful For" and a reading of the poem "Think of Me First As A Person". The response to my presentation has been outstanding. Parents have raised the same questions and concerns that were stated at Ray Graham when we initiated the program. I'm sure that sharing the experience and success of the clients, parents, and staff of the Ray Graham has helped build confidence in the proposed programs of other schools.

Copies of the Guidebook were distributed to Educable and Trainable Mentally Handicapped teachers throughout the city through the Central Office in cooperation with the Area

Consultants. A questionaire had been included in each handbook to be returned to the Ray Graham after teachers have used the suggestions which requested teacher evaluation of the usefulness of the Guidebook to them and their suggestions for additional material that might be included in a future curriculum guide for this area of training.(see Appendix, Teacher's Guide, p.36)

In the responses received to date,the evaluation has been excellent. The additional suggestions and teaching materials enclosed have been shared with the Curriculum Department. The writer serves as a liason with the Central Office Special Education and Curriculum departments to develop the area of mobility training more fully so that prerequisite skills can be taught clients at an earlier stage and an organized program of instruction can be made available throughout the city. I have been informed that a curriculum committee will be formed during the summer of 1976 to develop a mobility curriculum. This will be available for the 1976-77 school year unless the present shortage of funds in Illinois prevents them from completing their summer plans.

In April the International Convention for the Council for Exceptional Children was held in Chicago. The Ray Graham Training Center was one of the sites selected for visitation. The response

to this new concept in the vocational training of retarded young adults was exceptional. Extra tours were put on the original schedule because so many people from around the country were interested in viewing a facility that they might one day have to plan depending upon their state legislation for the handicapped. After my presentation and a tour of the facility while clients were working at their various tasks, a query session was held. The two areas that elicited the most interest were mobility training and parent counseling. Visitors from several states have written to request information on the program. Copies of some of the letters have been forwarded to Nova.

At the Convention I also made a presentation on mobility training which was attended by seventy people (an excellent response for a 7:00 P.M. session). The reaction of the group was most interesting. Some participants felt that the concept was impossible. Others gave strong support to the idea. Those individuals from private workshops or rehabilitation programs were the most encouraging about both the need and the possibility of the program's success. Some of the teachers from Ray Graham were in the group and helped confirm the success of the program as well as add to the discussion of techniques that were employed.

At the program's inception I had stated that the true measure of the long range success of the practicum effort would come from its utilization and adaptation as a model for mobility training for the retarded and the incentive it might provide to design programs that will develop the potential of the mentally retarded client to its fullest. Certainly great movement toward this goal has been achieved.

APPENDIX

PREREQUISITE SKILLS
MOBILITY

Client's Name _____ Station No. _____ Date _____

** Circle the appropriate behavior. Place total habilitation level score in the box following an area.

COMMUNICATION

Functional Words

0 Cannot identify any words
1 Can identify ten words
2 Can identify twenty words
3 Can identify forty words
4 Can identify sixty words

Basic Signs

0 Does not recognize signs
1 Recognizes two signs
2 Recognizes six signs
3 Recognizes ten signs
4 Recognizes more than ten signs

Identifying information

0 Cannot state name, address
1 Can state name
2 Can state name and address
3 Can state name, address and phone
4 Can state name, address, phone, plus other I.D.

0 Cannot print name, address
1 Can print first name
2 Can print name and address
3 Can print name, address and phone
4 Can write name, address and phone

Telephone

0 Does not speak on the phone
1 Can speak on the phone but not dial
2 Can use the phone by dialing the operator
3 Can use the phone by dialing
4 Can use the phone with ease

Response to Verbal Directions

0 Does not respond to directions
1 Responds to simple requests when repeated
2 Responds to a simple request
3 Responds to a sequence of commands
4 Remembers and responds to verbal directions to be carried out after time lapse

Habilitation Score _____
Communication

AWARENESS

Location

0 Cannot locate objects used in the classroom
1 Locates objects only when direction is given
2 Locates all classroom objects that are used daily
3 Locates all classroom objects not frequently used.
4 Can find the proper place for storage of a new object

Possessions

0 Does not identify his own personal items
1 Identifies as his own, only items he uses daily
2 Identifies as his own items uses occasionally
3 He identifies as his own all his possessions
4 Identifies numerous items belonging to others

School Building

0 Cannot locate his own classroom unless escorted
1 Can locate his own room from usual point of entrance
2 Can locate his own room from frequently used points in the school
3 Can find his way to and from frequently used areas in the school
4 Can find any area in the school when given directions

Time Concept

0 Does not understand the meaning of morning, afternoon,
1 Differentiates between day and night
2 Understands the meaning of today, yesterday, tommorrow
3 Understands the meaning of sooner, later, immediately, etc.
4 Uses these terms in daily conversation

Telling Time

0 Cannot tell time even to the hour
1 Can tell the hour by referring to the big hand
2 Can tell time to the half hour
3 Can tell time to the quarter hour and five minute intervals
4 Can tell time to the minute

Dressing for Weather

0 Shows no awareness of proper dress for weather conditions
1 Knows proper clothing items for rain and snow protection
2 Knows proper clothing items for most indoor and outdoor activities
3 Knows proper clothing for various occasions and weather conditions
4 Able to judge appropriate clothing in relation to weather and occasion

Habilitation Score _____
Awareness

SOCIAL

Dependendability

0 Is undependable even when given specific tasks
1 Will do simple tasks under direct supervision
2 Will do simple tasks under general supervision
3 Can be depended on to do as directed
4 Can be depended upon to do task without reminder

Stability

0 Becomes upset without apparent cause
1 Becomes upset when mildly provoked or reprimanded
2 At timesexhibits control even when mildly provoked
3 Usually exhibits control even when provoked or reprimanded
4 Maintains stability uless seriously provoked

Security

0 Feels insecure or frightened even in familiar situations
1 Feels secure only in familiar situations
2 Feels secure in new situations but needs reassurance
3 Feels secure in new situations
4 Feels secure in new and old situations, reassures others

Transportation (School Bus)

0 Behaves in an unacceptable manner
1 Behaves acceptably only when given direct control
2 Behaves well under verbal direction
3 Behaves well as part of routine
4 Encourages others to behave

Attitudes

0 Cannot get along with anyone in a work situation
1 Can get along with his selected peers
2 Can get along with all familiar peers
3 Is cooperative and willing to work with others
4 Cooperatively engages in work activities with co-workers

Punctuality

0 Is unaffected by the need for punctuality
1 Is punctual only when constantly reminded
2 Understands punctuality, only needs reminder
3 Displays good attitude for being punctual
4 Is punctual and resents others who are not

Habilitation Score _____
Social

NUMBERS

Number Concept

0 Cannot identify objects as being "one" or "more than one"
1 Can identify objects as being "one" or "more than one"
2 Can identify items as being many, few, some, more
3 Can sort out representational material into groups of 1,2, 3,4, and 5
4 Can sort material into groups of 6,7,8,9,and 10

Number Identification

0 Cannot identify any written numbers
1 Matches like numbers from one to nine
2 Reads numbers one to nine
3 Reads numbers 1-25
4 Reads numbers 1-100

Money Identification

0 Does not identify money
1 Distinguishes between real money and play money
2 Identifies penny, nickel and dollar
3 Identifies all coins
4 Identifies bills of different denominations

Money Exchange

0 Cannot exchange a coin for its equivalent
1 Can exchange five pennies for one nickel
2 Can exchange ten pennies for one dime
3 Can exchange one set of coins for a quarter
4 Can exchange a quarter for other coins, using several combinations

Habilitation Score _____
Numbers

Communication	Awareness	Social	Number	TOTAL SCORE

TABLE I

PREREQUISITE SKILLS

A. Communication	6 subtests	Perfect Score:	24
B. Awareness	6 subtests	Perfect Score:	24
C. Social	6 subtests	Perfect Score:	24
D. Numbers	4 subtests	Perfect Score:	16
		TOTAL:	88

Scores reported in randing order

	Pre-test				Post-test				Total	
Clients	A	B	C	D	A	B	C	D	Pre.	Post.
1.	18	19	19	16	24	24	24	16	77	88
2.	18	19	19	15	24	24	24	15	77	87
3.	18	18	19	16	24	23	24	16	71	87
4.	17	18	19	14	23	23	24	16	68	86
5.	17	18	18	14	23	23	24	15	67	85
6.	17	17	18	13	23	22	23	15	65	83
7.	17	17	18	13	23	23	23	15	64	84
8.	17	17	17	13	24	23	23	14	64	84
9.	16	17	17	13	21	23	22	15	63	81
10.	16	16	17	12	23	22	22	15	61	82
11.	16	16	17	12	22	22	24	14	61	82
12.	16	16	17	11	22	21	23	14	60	80
13.	16	15	16	11	22	22	22	15	58	81
14.	16	15	16	11	22	22	23	16	57	83
15.	16	15	16	10	20	23	23	14	57	80
16.	16	15	15	10	21	23	24	14	56	82
17.	15	15	15	10	20	22	22	15	55	79
18.	15	14	15	10	21	21	23	15	54	80
19.	15	14	15	10	20	22	23	14	54	79
20.	15	14	15	10	23	21	21	16	54	81
21.	15	14	14	10	22	22	22	13	53	79
22.	15	14	14	10	23	21	22	14	53	80
23.	15	13	14	10	20	23	23	12	52	78
24.	15	13	13	10	20	21	24	13	51	78
25.	14	13	13	10	20	21	23	12	50	76
26.	14	13	13	9	21	22	23	12	49	78
27.	13	13	13	9	20	21	22	13	48	76
28.	13	12	13	9	19	22	22	13	47	76
29.	13	12	12	9	21	21	22	12	46	76
30.	11	11	12	9	20	20	23	13	43	76

	Pre-test				Post-test				Total	
Clients	A	B	C	D	A	B	C	D	Pre.	Post.
31.	11	11	12	8	21	22	23	14	42	80
32.	11	10	12	8	20	22	22	12	41	76
33.	10	10	12	7	17	22	22	11	39	72
34.	9	9	11	7	21	21	21	13	36	76
35.	9	9	11	6	20	21	22	13	35	76
36.	8	9	10	6	21	21	22	12	33	76
37.	8	8	10	5	19	22	22	11	31	74
38.	8	8	8	5	21	20	22	12	29	76
39.	7	8	7	5	18	21	20	12	27	71
40.	7	8	7	5	21	19	20	10	27	70

Pre-test		Post-test	
Median	53.5	Median	79.5
Range	27-77	Range	70-88

TASK ANALYSIS FOR SAFE STREET CROSSING

X = subset of task properly completed
Blank Square = subset of task improperly completed

DATE _____

NAME _____

NO SIGNALS PRESENT		
1. Stops at curb before entering intersection . .		
2. Looks to right		
3. Waits for oncoming cars to pass		
4. Looks to left		
5. Waits for oncoming cars to pass		
6. Checks ahead for turning cars		
7. Waits for turning cars to pass		
8. Checks behind for turning cars		
9. Waits for turning cars to pass		
10. Rechecks in all directions after waiting for cars to pass to revalidate initial data		
11. Crosses quickly enough that data remains valid .		
12. If view from curb is obstructed by parked vehicles, etc., steps off curb to look for oncoming and/or turning vehicles		
13. Follows above safety procedure even if other pedestrians are crossing carelessly		
14. Follows above safety procedure even if traffic is heavy and he/she must wait a while		
15. Follows above safety procedure even if a driver waves him/her on		
16. Follows above safety procedure at each street crossing. When crossing two streets at one intersection, i.e., follows above safety procedure to cross first street, stops on second curb and repeats second procedure to cross secons street .		

	DATE	
WITH STOP LIGHT PRESENT		
1. Approaches intersection and recognizes stop light. . .		
2. Knows which light is his/hers.		
3. Checks light		
4. If red, waits for green		
WITH WALK, DON'T WALK, SIGNAL PRESENT		
1. Approaches intersection and recognizes signals		
2. Knows which signal is his/hers		
3. Checks signals		
4. If Don't Walk is shown, waits for Walk signal.		
5. When Walk signal is shown, follows steps 2 thru 16 from above		
FLASHING DON'T WALK SIGNAL		
1. Approaches intersection and recognizes signal.		
2. Knows which signal is his/hers		
3. Checks signal.		
4. If constant Don't Walk signal appears, waits for flashing Don't Walk signal		
5. When constant Don't Walk signal begins flashing, follows steps 2 thru 16 from above		

III

MOBILITY TRAINING REPORT

Client _____ Date _____

____1. Initial Evaluation ___2. Progress Report ___3. Final Report

Objectives:
Short Term

Long Term

Current level of mobility;

Problems encountered:

Comments and Recommendations:

TABLE II

PARTICIPATION IN MOBILITY TRAINING PROGRAM
January - 1974 to December - 1975

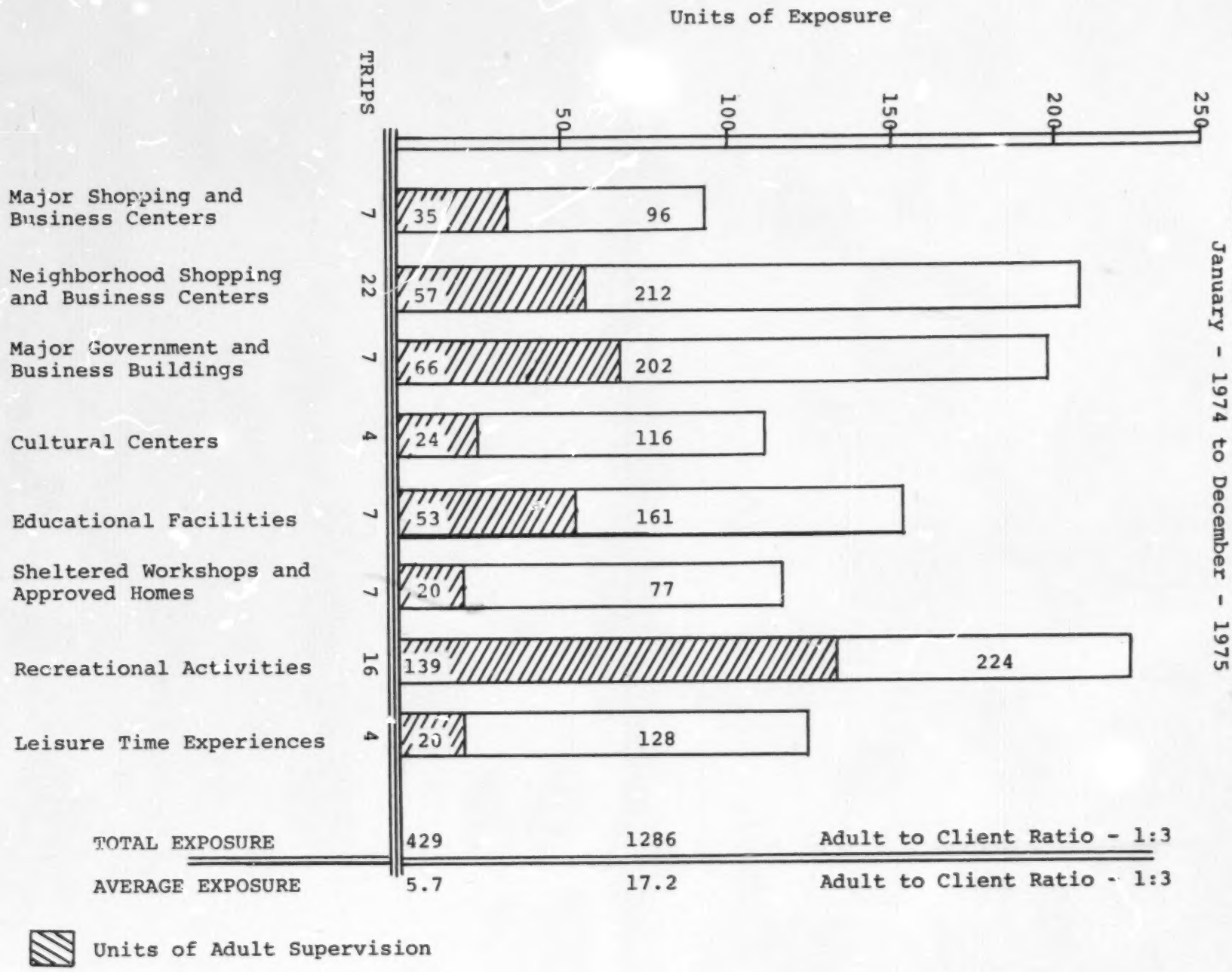

TABLE III

COMPARISON BETWEEN MOBILITY GOALS AND ATTAINMENT

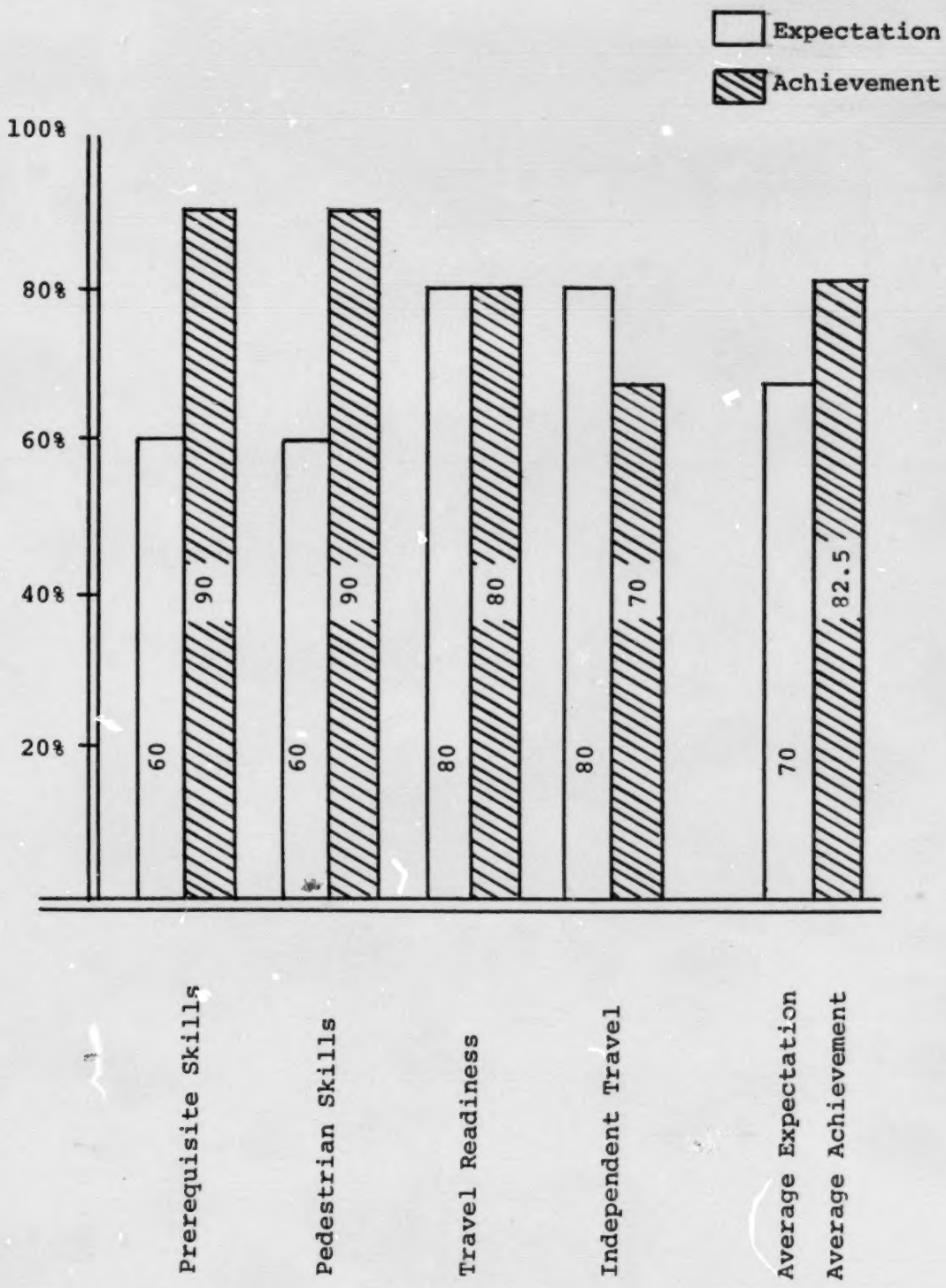

TABLE IV

May,1976 Status of
Individual Mobility Clients

Name	Graduate	Neighborhood Travel	CTA Travel	Living & Job Placement
1. Leonard		Yes	Yes	Home-Center CWT
2. Richard		Yes	Yes	Home-Center CWT
3. William	Yes	Yes	Yes	Semi-independent-Workshop
4. Pat	Yes	Yes	Yes	Home-Baby Care
5. Lael	Yes	Yes	Yes	Home-Workshop
6. Mark		Yes	Yes	Home-Center CWT
7. James		Yes	Yes	Home-Center
8. Richard		Yes	Yes	Home-Center CWT
9. John		Yes	Yes	Home-Center
10. Sharon	Yes	Yes	Yes	Home-Workshop
11. Willie	Yes	Yes	Yes	Semi-independent Workshop
12. Derrick		Yes	Yes	Home-Center CWT
13. Warren		Yes	Yes	Home-Center CWT
14. Elizabeth		Yes	Yes	Home-Center
15. Jack	Yes	Yes		Home-Workshop
16. Robert		Yes		Home-Center
17. Manuel	Yes	Yes	Yes	Semi-independent Workshop
18. Marilyn				Home-Transfer
19. Keith	Yes	Yes		Residential
20. Clarence	Yes	Yes	Yes	Home-Center

TABLE IV

P. 2

Name	Graduate	Neighborhood Travel	CTA Travel	Living & Job Placement
21. Otis		Yes	Yes	Home-Center CWT
22. Joanetta	Yes	Yes	Yes	Home-Workshop
23. Victor	Yes	Yes	Yes	Home-Workshop
24. Diane		Yes		Home-Center
25. Andre		Yes		Home-Center
26. Ronald		Yes	Yes	Home-Center CWT
27. Anna		Yes		Home-Center
28. Tom	Yes	Yes		Residential
29. Billy		Yes		Home-Center
30. Elbert		Yes	Yes	Home-Center CWT
31. Gregory	Yes	Yes		Residential
32. Tommy		Yes	Yes	Home-Center
33. George	Yes	Yes	Yes	Semi-independent-Workshop
34. Lupe		Yes	Yes	Home-Center
35. Chevela	Yes	Yes		Residential
36. Theresa	Yes	Yes	Yes	Independent-Job
37. Jeffery	Yes	Yes	Yes	Home-Job
38. Paul		Yes		Home-Center
39. Evelyn	Yes	Yes	Yes	Independent-Workshop
40. Larry	Yes	Yes	Yes	Independent-Workshop

Center- Ray Graham Training Center - future training
CWT- Cooperative Work Training Program
Semi-independent - Carci Hall and Approved Homes

TEACHER'S GUIDEBOOK

for

MOBILITY TRAINING

ELLEN M. JORDAN
Principal

ALBERT WELLS
Assistant Principal

Vivian K. DuBrow

Marion M. Gouvis

Mary C. Gruszka

Van B. Jackson

Jane G. Klunk

Cynthia A. Koniarski

Virginia L. McLean

Sheila H. O'Callaghan

Janice B. Popham

John P. Reilly

Betty D. Rummel

JoAnne S. Saville

Judith A. Schroeder

Gloria J. Smith

Constance Sullivan

Suda R. Williams

Byron A. Wright

Dear Teacher:

This guidebook was developed in an effort to provide classroom teachers with a means of providing some of those prerequisite skills that are so necessary to the ultimate goal of developing the full potential of those mentally retarded individuals charged to our care. It is the hope and intention of the Ray Graham staff that their experience with and instruction of the young adult TMH client will be of value to those individual teachers who must provide these experiences for their young people so that later sequential development is accomplished more easily. Lesson plans, instructional techniques and activities are only of value as measured by the changes in our clients. Please inform us of those techniques you have found helpful and add any additional comments or techniques which may be used in developing a curriculum guide in the area of mobility training for the mentally retarded.

The following functional vocabulary list can be divided into various forms of communication: receptive language, expressive language and reading. For the welfare and safety of the client he or she must be able to read and comprehend a mandatory list of functional words. Until these specific words are mastered the client would not be allowed to travel independently. The compulsory list includes only those terms that are necessary for the client's safety and welfare. Also included in the mandatory requirements would be the recognition of environmental symbols such as flashing lights or sirens. An additional list of suggested terms for reading and comprehension is also included in the curriculum. Depending on the client's ability the knowledge of these words would increase his ability to travel for leisure activities on a variety of routes throughout the city, therefore becoming more independent.

In receptive communication the client is introduced to the terms that pertain to traveling techniques. This group lists terminology that the client is likely to encounter using various modes of transportation. It is not imperative that the client use these terms in his everyday speech, but he should be able to understand and comprehend the meaning. Many of our clients, for example, perform well on the Picture Vocabulary test,

but would not be able to use this vocabulary in their expressive language.

Expressive Communication is the easiest part of the program for the clients because there are a minimum number of terms or phrases to be learned when traveling on public transportation. The expressive terms are introduced in the readiness section of the curriculum. Most clients have already acquired this skill and only need encouragement and reinforcement. Further on in the program the skills are expanded and the clients are requested to ask directions, give information, assist other clients and report on travel experiences.

FUNCTIONAL VOCABULARY LIST

Mandatory Functional Reading Vocabulary	Additional Functional Reading Vocabulary	
Stop	In	North
Beware	Out	East
Do Not Enter	Stairs	South
Men	Poison	West
Women	Rest Room	Exit
Walk	Lounge	Entrance
Don't Walk	Ladies	Wet Paint
Danger	Gentlemen	Caution
No Trespassing	Left	Go
	Right	

Recognition Visual/Auditory

Money	Time	Weather
Penny	Minute	Rain
Nickel	Half-hour	Sleet
Quarter	Quarter past-	Snow
Half dollar	Quarter to-	Sunny
Dollar	--thirty	Hot
Change	Hour	Cold
Token	Morning	Cool
Currency	Noon	Warm
Coins	Afternoon	Temperature
	Evening	
	Night	
	Midnight	

Auditory and Visual Reception

Fare	Corner	Ambulance
Exact Fare	Expressway	Emergency Vehicle
Transfer	Viaduct	Loop
Super Transfer	Overpass	A-Train
Punch/Return	Intersection	B-Train
Push	Bridge	Lake Street
Pull	Bus Stop	Dan Ryan
Lever	Bus	Evanston Express
Handle	Elevated	Ravenswood
Buzzer	Subway	Howard
Cord	Bus Driver	Englewood
Information	Train	Jackson Park
Directions	Airplane	Douglas
Next	Turnstyle	Congress
Straight	Escalator	Dan Ryan Expressway
Turn	Elevator	Kennedy Expressway
Block	Fare Box	Stevenson Expressway
Street	Traffic Signal	Shopping Center
Drive	Policeman	Grocery
Boulevard	Postman	Department Store
Road	Pedestrian	Park
Avenue	Operator	Terminal
Alley	Uniform	

Visual Recognition Interpreting Symbols

Flashing Lights	Siren	Railroad Crossing
Green Light	Yellow Light	Red Light
Stop Sign	Crosswalk	Sidewalk
Curb		

Expressive Vocabulary

"Transfer, please"

"Return, please"

"Out, please"

"Excuse me"

"Do you go to . . ."

FUNCTIONAL VOCABULARY

Activities

1. Students can be introduced to the word list by using flash cards with the functional mobility words. Students are told what the word means, how it is pronounced, and are shown a picture card of the word in use as they would see it.
2. Students in small groups would play a match game using the vocabulary flash cards with the correct picture card. The person with the most correct matches wins but in order for a match to be correct the student must be able to correctly say the word as well as recognize it.
3. "The Traveling Vocabulary Game" - This game is played much like a spelling bee except instead of spelling a word, the student mus be able to say and tell the meaning of a particular sign. As in a spelling bee, when a student misses a word he must be seated. The last person standing is declared the winner of the game.
4. "Token Lotto" - This game is played much like Bingo, it's rules are the same but instead of numbers we use vocabulary words that a mobility training student must master. The cards used are labeled T-O-K-E-N

and beneath each letter there are five mobility words. We use our travel vocabulary to insert words in each column. We may use tongue depressors to write the key letter and the vocabulary word. (e.g. K-wait, E-don't walk, O-bus stop) The words are called as in Bingo. If a student has a word he may cover it on the card. If he fails to recognize a word, he is told the word and asked to repeat it, but since he didn't recognize it he may not mark it. When a student completes a row as in Bingo, he shouts "TOKEN" and reads off the vocabulary words he won with.

Materials needed for the above procedures:

1. Flash cards with all functional words on them, picture cards corresponding to flash cards.
2. Flash cards and picture cards.
3. Picture cards of all the mobility vocabulary words.
4. Tongue depressors to write the vocabulary and the appropriate letter on each piece of wood, TOKEN cards (Bingo-type card five-square by five square) with selected travel vocabulary, cover chips for cards, prizes if desired.

Evaluation:

When a student is able to meet our objective we will individually test him to see if he is in control of our mobility vocabulary. We may do this by asking him to name a particular picture card, tell us the meaning of a particular word, and repeat the name of a sign given him. The student must successfully achieve our objective or else he may have trouble traveling. When he meets our objective he may be placed in the intermediate class.

Neighborhood Mobility

After a client has demonstrated safe pedestrian skills in trips around the school community it is advisable to expand his area of training to his home community. The major objective should be to enable a client to find a particular place in his neighborhood and increase his motivation to participate in outside activities.

Specific Objectives:

1. To recognize enough landmarks in the client's home neighborhood to enable him to be mobile.
2. To recognize safety aids and practice safe habits.
3. To learn the proper way to cross streets both on the side streets and the busy streets.
4. To learn to recognize people and places to aid him in an emergency.

Activities:

1. Drive through the neighborhood pointing out landmarks, stop signs, policemen, mailmen or other important people. After having driven through the neighborhood, walk through and discuss again the places and people viewed. Check the client on his sense of direction and reinforce pedestrian skills on a one-to-one basis. Locate the client's house and walk to those places closest to his home such as the gasoline station, church, etc.

2. Stand outside a client's house on the sidewalk. Look closely at the house and have the client describe particular characteristics of his own home. Explain color, stories, porch, size of lot, etc. Point to the numbers on the house and identify them. Check other homes near his to point out the differences.

3. Take a picture of the house. Take a close-up picture of the house number. Take a picture of the street sign on his street. Begin an individual notebook for each client with a picture of his home on the front cover with his address printed below. Make a ditto master of his house number only and of his street number only and of his street number only. As he completes this work sheet have the aide or parent ask for a verbal response EACH time it is written. Make a ditto master of his complete address as he advances in skill. Make flash cards of the names of nearby streets, stores, gas stations, etc., to be included in his notebook. Paste each flash card on a single page and gradually add more as he becomes familiar with more names and places. Send the notebook home for him to demonstrate to his parents his recognition of various places and names.

4. With the aid of a school attendant or volunteer repeat the trips around the neighborhood locating one or two places each time. Be sure to have the client use directions

as he goes along the way. Client should use the directions of left and right as much as possible. If confusion persists give examples of what you want such as "turn left at the next light" and then follow those directions having the client go back over the territory covered.

5. Find as many uniformed workers in the neighborhood that will respond to any emergency the client may encounter. Introduce him to them if possible. Discuss the role of the worker and how he can help the client. During the walking trip you may pretend you are both lost, go to the nearest uniformed worker and tell them the problem. Ask for help to find your way home. Do this several times if necessary.

6. Discuss the possibility of <u>not</u> getting help from a worker in uniform and what other possibilities there might be in that neighborhood to secure help. Have the client carry dimes and locate the phones in the neighborhood. Practice putting the dime in the correct slot and dialing operation or his home or school number. Practice talking into the phone. Ask the parents to cooperate by receiving a prearranged phone call or call the school to report your location. Using phones at school to practice is quite important.

Enlisting parental aid in this aspect of training is extremely helpful. They are familiar with the names of people

and businesses in their community and can reinforce pedestrian skills if they are kept apprised of his training in in school.

Training for Emergency

Although the program in travel training emphasizes a progression through higher skills until a client has become independent there is still the possibility that he may get lost or confused and must possess the knowledge of how to obtain assistance. One of the means of getting assistance is the telephone. Another avenue is requesting the aid of of community helpers such as policemen, firemen, bus drivers, mailmen or security guards.

Use of the Telephone

After a client can state his phone number and any emergency number that he may use he must be trained in the mechanics of telephone use. Illinois Bell Telephone Company provides a kit which includes telephones, directories, film, suggested lesson plans and student materials. Arrangements can be made for the Telezonia kit to be delivered to the school for two-week periods.

Additional suggestions:

1. Have clients use a push button phone unit to show the difference between a dial and push button.
2. Make arrangements for client to call his home or the school using a coin phone, recognizing the coins needed.

3. Have the client recognize the difference between a dial tone and a busy signal.
4. Demonstrate how the operator may be reached if they do not have the proper coins or have mis-dialed a number.
5. Teach the client the police and fire emergency numbers if they can learn them. Explain the use of the "O" for operator that may be used in any emergency.
6. Have clients prepare a personal directory so they can call each other in the evening and further practice their skills.
7. Prepare student identification cards showing home, school, and emergency number that they may show to anyone giving them assistance.
8. Use the Language Master to help a client memorize his phone number and any other numbers of importance to him.
9. Use the Language Master to help clients distinguish their telephone number from a group of numbers.

Community Helpers

A great deal of the material available from the social studies Community Helper curriculum is adaptable to training

for emergencies. The many films, filmstrips, pictures and stories can be used to help understand their roles.

1. Pictures of community helpers can be displayed around the classroom. Clients should be taught to identify the helper and his job.
2. Clients can select pictures of community helpers from magazines to assemble on a collage.
3. Filmstrips depicting the role of community helpers can be viewed and discussed.
4. If the parents of any of the clients are in public service they can discuss his role.
5. Discuss and demonstrate (role-playing) what to do when lost. Who to ask for directions and what to tell each person.
6. Visits to the local police and fire stations can be arranged. (This is a good chance to practice pedestrian skills.)

INDEPENDENT TRAVEL

Terminal Objective

The client will be able to behave in an orderly manner while walking to and from the bus stop and while waiting for the bus. He will board the bus, deposit the correct fare, select a seat with a clear view of the route,and behave in a socially accepted manner. He will be able to travel from his home to school safely arriving at the appointed time. He will be able to return safely home following the prescribed route.

Prequisites

He must have a student I.D. card listing;

name, address, phone number, age, Social Security number, Ray Graham Training Center, address, phone number, principal's name, and any medical information.

He must be able to dial "O" for operator and give school information and home information. He must know what to do in emergencies. He must always have emergency money.

He must carry his student I.D. and CTA bus pass with him at all times.

He must have demonstrated ability in functional language and money recognition.

He must have demonstrated proficiency in pedestrial skills.

Developmental Sequence

1. To display good manners and safety while walking to the bus stop, the client must:

   a. recognize and know the meaning of traffic signs and signals.

   b. recognize and use cross walks by crossing only at corners.

   c. look both ways before crossing the street and look into the proper lane for approaching cars.

   d. walk across the street without hesitation when it is determined to be safe.

   e. remain on the sidewalk while walking (not on the grass or street).

   f. be mindful of other pedestrians on the sidewalk.

   g. not engage in playing, running, yelling, or other disturbing actions.

   h. not accept rides, candy, money, or converse with strangers that approach him.

2. While at the bus stop the client must:

   a. recognize bus stop signs and know that the bus he needs stops at this corner.

   b. remain on the sidewalk near the sign.

   c. be considerate of other people waiting for the bus.

   d. recognize his bus, by number, as it approaches.

   e. have exact fare in his hand ready to deposit.

   f. have student pass ready to show bus driver.

   g. position self away from the curb for safety.

3. While riding the bus the client must:

   a. wait his turn to get on the bus.

   b. walk up the steps using hand rail for safety.

   c. be able to deposit the exact fare in the collection box, ask for a transfer if necessary, and request assistance from the bus driver if needed.

   d. walk down the aisle and select a seat, preferably near a window so that the route is visible.

   e. if no seats are available, grasp support pole, over head or on seats and stand in the aisle.

   f. sit in his seat during the bus ride.

   g. anticipate his stop and signal the driver in the appropriate manner.

   h. exit through rear door, manuevering push doors and standing clear of the bus as it pulls off.

4. To receive permission for independent travel to and from school the client must:

   a. have demonstrated on at least three different occasions his ability to travel to and from school in the manner outlined in this objective. He will be accompanied but not assisted by the teacher.

   b. have all required forms signed by parents and filed with the principal before permission will be granted.

   c. if possible, a clandestine observation will be made by a person who knows the client on sight but who is not known to the client. This person would ride with the client to further check his ability and alert the school to needed areas.

Procedure:

1 - recognition and discrimination procedures in the classroom using pictures, flannel board, flash cards, replicas of street signs, pictures from magazines, puzzle boards, etc.

role playing in the classroom, experience charts, money kits, forms, student pass, real money.

video tape of signs, route, procedures, etc.

dramatize by walks through the neighborhood.

class discussion, movie (Officer Friendly), visit from Officer Friendly, reinforce in counseling sessions.

2 - role play in the classroom, reinforce on walking trips.

role play, discuss, language master cards, money recognition, purchases.

set up a mock bus in the classroom using chairs, etc., and have clients role play various situations.

3 - reinforce during field trips.

arrange for a CTA bus to be stationed at the school for a day to practice and reinforce skills.

In groups of not more than ten with a teacher and attendant present, the student will ride a bus to various points in the city.

Students will be grouped according to the general areas of their homes for trips to their home communities. Landmarks near their home and the local bus route and signs will be pointed out.

The groups should become smaller as ability improves and clients then given the responsibility to transport the small groups using proper procedures.

Evaluation

When a client has demonstrated proficiency in all areas of the travel skills he may be a candidate for "solo" travel. The judgment of the mobility teacher and classroom teacher will determine the level of competence of each client.

Training for the Solo Trip

The basic method utilized in training for independent travel is: the client performs all of the operations of self-travel first with the teacher, then alone with the teacher observing and finally alone. The operations of travel can be broken down into two categories, the mechanics of travel and the route.

Several items must be prepared prior to independent travel. Student passes for a reduced fare rate should be secured from the local transit authority. These cards may be important for later training because many localities have passed laws which will offer reduced fares to handicapped people and they will probably use an identification card of some type. Additionally, each client should have an identification card with his picture if possible. The client's name, address, home telephone number, school, school telephone number and his signature should be on the card. A medical

alert stamp can be used for those clients who have physical disabilities such as epilepsy or a heart condition that might require emergency attention. Each client must additionally keep money in a wallet or purse to be used for emergency phone calls or added fares. It was found that a dime taped to the back of the student I. D. card insured that money for a phone call would always be available.

Parental permission for independent travel must be secured. The route to be traveled should be discussed and cleared with the parents. Procedures that the client would follow should be agreed upon with the understanding that regression to immature behavior might cause a client's removal from independent travel. Procedures for calling home and school to handle emergencies should be explained to the parents. The client should make several practice calls to his home and the school using a coin phone to insure his understanding of this task. Throughout training, the support of the parents is necessary for success, therefore close communication between the school and the home is essential.

On the first day of training the teacher meets the client at his home at the appointed time. He travels with him to his bus stop, reinforcing safety rules, pointing out landmarks, and checking pedestrian skills along the way. At the bus stop, the

client checks the bus route sign, restates the number of the bus he is to take and checks for: student pass, I.D. card, bus fare, and emergency money. The teacher notes his activities checking for areas that might need reinforcement. If the elevated or subway is to be used this is the beginning location. Some clients have been able to identify the destination sign and use this instead of the number. The bus number is checked verbally with the driver if possible before boarding. Boarding and fare operations are then handled and seat selection is made. The teacher points out landmarks just previous to a client's stop or transfer point to alert him to the upcoming stop. The client sounds the buzzer before his stop and debarks safely by maneuvering the push out exit doors. If the bus is too crowded he moves to the driver station to exit at the front door. From the beginning the object is to allow the client to lead the way so that he can demonstrate his ability. It is important to reinforce the concept that the client is eventually expected to travel alone.

On the second day the teacher meets the client at his home and follows him through the designated steps. He sits further away from the client on the bus and notes problems the client may encounter. If the client disembarks at the wrong point the teacher follows him and aids in finding the

solution to the problem. If a stranger approaches the client, the teacher observes the client's reactions and reserves intervention until it might be necessary. All of the procedures of the previous day are followed except that the teacher offers as little assistance as possible.

On the third day the teacher waits for the client outside his home. He follows the client to the bus stop but offers no assistance to him. He sits far away from him on the bus and avoids giving any signs verbally or by body language that indicate the client's performance level. Throughout this "trial run" period a client is encouraged to discuss his reactions to independent travel and any problems he might have with the mobility training teacher. His experiences should be discussed during mobility classes to aid himself and others to cope with the emotional stress and methodological problems he may encounter. Supervised travel of this type takes about two to five day depending on the ability of the client and the simplicity of the route. The teacher takes nothing for granted during this training. Each task must be checked carefully.

If a client does not display a proficiency in self-travel skills or "panics" at the removal of teacher support, he should not be allowed to attempt the "solo" trip at this time. Further

training and emotional support from the staff should be given to prepare him for a future "solo." If a client is fairly successful and only needs additional practice and review, this procedure can be continued until he has acquired enough proficiency to travel alone.

When a client reaches the performance level that indicates he can travel independently, the teacher then follows the client through the procedure in his car, making notes fur further training and correction.

For two or three more days the teacher remains in his car, and observes the client at the bus stop and boarding the bus. He then follows the bus to the stop or transfer point to insure that the client leaves at the proper site. If a client gets off too soon or misses the stop he follows until the client debarks. He then observes the client's passage to school or home. When the client is successful three times in this operation he is allowed to make his "solo" trip.

The parents should be alerted so that they may aid in insuring that the client leaves at the proper time, is dressed appropriately, and has his money and identification. A solo trip should never be planned for a Monday or the day following a holiday. When the client arrives at the Center

he calls his parents after checking with the mobility teacher. During class that day he can discuss his experiences, describe any difficulties encourtered and receive any additional aid he might need. He can be dismissed early that afternoon with the permission of the principal to retrace his route and with instructions to call the Center when he arrives home or if he has a problem. After a few days the calls can be eliminated unless he encounters difficulty of some type. The client should be checked periodically to insure that he has the proper money and identification. He should also verbally review his route especially after vacation, illness, or any break in routine.

SUGGESTED ACTIVITIES FOR MOBILITY TRAINING

Can You Find It (Classroom Mobility)

The names of places and items in the room are written on tagboard strips. Such words as DOOR, WINDOW, DESK, CHAIR, LIGHT, FLOOR, WALL, etc., can be used as auditory words. Abstract words such as FRONT, BACK, UNDER, DOWN, OVER, SIDE, etc., should also be used. A small piece of masking tape is adhered to the back of each strip.

After a student has been given a card and either read or heard its title he locates the item or area corresponding to the tag.

Who's Who (School Mobility)

The name of each teacher and staff member is written on a tagboard strip with a descriptive title if appropriate or the teacher's room number. The teacher and a small group of students then move through the building. The student is given a person to locate and when he finds the proper spot he tapes the card to the door. The name of various locations are also printed on the cardboard stips and students must locate the correct place to hang his sign. Such words as: GYM, LUNCHROOM, OFFICE, SHOP, SHOWER, TOILET, ENGINEER, CONFERENCE ROOM, TEACHER'S LOUNGE, GROOMING ROOM, STAIRS, etc., are appropriate.

Non-readers may be told the word, but find the location alone.

Travel Training Maze

The student will demonstrate the use of the mobility skills that he has already acquired by following a charted course within the school to a specific destination. This activity may be adjusted according to the level of the individual. If a student is just beginning the travel training program he may start with following arrows to a particular destination.

Materials: Replicas of street signs, traffic signals, stop signs, coins, transfers, etc. NOTE: Permission to tape signs on walls, to place free standing signs or to utilize various areas of the school should be secured. Permission to use another classroom as the final destination or to involve other school personnel should be sought previous to the activity.

Activity: If the classroom has two doors, one may be marked ENTRANCE and the other EXIT. Tape familiar street signs on walls in the hallways. Where corridors intersect place stop signs or traffic signals. Assign older or more advanced students to key positions along the route.

The student leaves the classroom through the proper door and proceeds down the hallway marked (street name). When he arrives at the "bus stop" he gives the aide or student the exact fare for the bus and requests a transfer if necessary. If he is to transfer, another student should be assigned to

take his transfer. He must follow the course adhering to all traffic rules and safety procedures. He successfully completes the course if he arrives at the proper destination without any assistance.

This activity can be altered to become more difficult or easier depending on the ability of the student. For example, the student could be requested to make a phone call along the way or he could be approached by a stranger requesting money or information.

Treasure Hunt (School-Community)

Each client is given a tagboard sign with symbols of items he can find around the school such as: fork(lunch room), hammer(shop), paint brush(fine arts room), pot(home arts room), cotton swab(nurse's station), push broom(janitor's closet), rake(garden room), filmstrip(media center), basketball(gym), etc. Clients at higher functioning levels can be given cards listing the various items located in different parts of the builidng. The first client to return with the person's initials from the various locations wins the game.

This game is easily adapted to a school community trip by listingor depicting articles from the drug store, the laundromat, the bakery, the grocery and any other appropriate places that are landmarks around the school.

Another variation of this game can involve the purchase of various items at certain stores thereby reinforcing other daily living skills from the curriculum.

WALK - DON'T WALK

A basic prerequisite skill is the ability of the student to be able to read and obey the WALK - DON'T WALK signs at a pedestrian crosswalk.

1. Using flash cards and picture cards the student should identify the proper word/words as WALK - DON'T WALK. The student will also be able to tell if the person in the picture card is walking or not. He will discuss if person is obeying the light or not.
2. In a classroom corridor, four or five students can play the "Pedestrian Safety" game. One student stands fifty feet away with two cards, one that says WALK, the other DON'T WALK. Each of the four students are given turns to correctly identify the word held by the card holding student. If correct answer is given a step forward is taken, an incorrect answer is a step backwards. The first person to reach the card-holder is the winner and gets to be the cardholder for the next game.
3. In a classroom corridor a mock pedestrian crosswalk can be set up. A sign that flips from WALK to DON'T WALK can be made so that students can do what the sign indicates.

4. Students, teacher, and aide go to a corner that has traffic control lights with pedestrian lights also. Students look at light and tell teacher or aide if it is safe to cross the street or if they should wait.

PRACTICAL EXPERIENCE

Prerequisite Skills:

Before a client is allowed any independent mobility, he or she must know certain functional words as well as understand their meaning. It is necessary that the client be well versed in such words as "exit," "entrance," "fare," "push," "door," "front," "rear," and "safety." The client should be verbal enough to alert the bus driver that he or she wants a certain stop or destination point.

Clients must also be familiar with and know uses of the CTA bus pass, the value of a CTA token, the CTA student pass, transfers and the two basic fares for boarding the bus (forty-five or fifty-five cents). The client must also be able to count enough change so proper amount is deposited into fare box.

These prerequisite skills are taught through instruction during classroom work and reinforced in the mobility training classes.

Clients must also have developed the mature social behavior expected, while riding the public transportation.

Objectives for actual bus experience:

1. Client will be familiarized with apparatus on CTA bus and know the use of:
   - fare box
   - buzzer cord
   - rear door buzzer
   - hand railings on seats and over head
   - rear exit door

2. Each client will be required to complete the following tasks:

   - wait orderly at curb, until the doors are opened
   - step upon bus using hand rails while boarding
   - have correct change ready to deposit in fare box
   - have student pass ready to show driver
   - deposit fare
   - wait for transfer (if required)

- find seat quickly as possible preferably near window, so that the route is visible, or near bus driver. If no seats are available grasp support pole, overhead or on seats, standing in the aisle.
- be observant and alert, watch carefully for destination, landmarks or listen carefully for bus driver to announce stops
- when nearing destination point pull buzzer before bus driver makes the stop, alerting him that you want to exit
- when exiting hold onto hand railings and supports. If bus is crowded do not wait until bus stops before making way to exit
- use proper manners: "excuse me," "pardon me," "may I get off here, please"?
- carefully step down to exit door, ready to push doors open. Wait for bus to completely stop
- exit quickly and safely

Activities:

In order to allow clients to apply knowledge and abilities in traveling skills we will arrange for an actual CTA bus to be parked in front of the Ray Graham Center. Each client will role play and practice the proper procedures for boarding and riding the bus.

MOBILITY TRAINING - HEALTH ASPECTS

On occasion, TMH clients need first aid. It is within the ability of clients to care for minor abrasions and cuts on their body surfaces. To avoid infection, first aid instructions for minor abrasions and cuts, for self-care, is part of mobility training and should be part of TMH training. This area can be easily incorporated in the self-care curriculum.

Activities:

1. Instruct clients about possible injuries.
2. Demonstrate first aid procedure. To avoid introducing minute germs and debris into cut or abrased skin and to enhance the removal of same, soap and water is used to cleanse the area. Client should wash hands with soap and water, rinse and dry; wash injured skin area with soap and water, rinse and dry. Place band-aid over injured area, gauze pad can be used.
3. Have each client give a return demonstration. Client receives first aid from a peer and tells the peer what to do. Client gives first aid to a peer, and is told by the peer how to do it. Client opens band-aid or gauze pad without touching the part to be placed over the injured skin surface (or nearly so in cases of spastic tremors).

Materials:

Refer to Flip Chart and Red Cross First Aid Manual

First aid supplies: band-aids, gauze pads, tape, roller bandages.

Minor injury (as above) can be handled in the home as self-care. Infection or infected skin areas must be seen by a doctor or clinic. Instruct clients about the symtoms of infection such as red skin area, fever or warm to touch, pain and swelling. For these symptoms they should see a doctor. A nose bleed that happens spontaneously, infrequently and is not caused by injury to site or a condition of malady, can be stopped by hand pressure (providing the vicinity of the broken vessel can be reached by hand pressure).

Activities:

1. Demonstrate first aid procedure. Instruct clients how to apply pressure over the site of a bleeding vessel in the nose to stop the bleeding. Do not panic. Get in a comfortable position, e.g., in a sitting position. Place fingers below bone (nerves), press and hold for ten to fifteen minutes (about half the length of time to see a half-hour T.V. show). Breathe through the mouth. If bleeding does not stop, seek medical care. (Do not blow the nose immediately after it stops bleeding!)
2. Have each client give a return demonstration.

SURVEY FORM

Teacher's Name (optional)	TMH Level Taught	School (optional)

1. Was the Mobility Guidebook of value to you in your instructional program?

   YES NO SOMETIMES

2. What particular section was most valuable to you?

   Comment: _____

   _____

   _____

3. What particular section was of least value in your instructional program?

   Comment: _____

   _____

   _____

4. Would you find a curriculum guide in this area useful?

   YES NO

5. Do you have any suggestions or techniques that might improve this Guide?

   Comment: _____

   _____

   _____

6. If you have instructional material or techniques which you have employed and found successful that you would like to submit to the Curriculum department for possible inclusion in a mobility Curriculum Guide please send to:

   Mrs. Ellen M. Jordan
   Ray Graham Training Center
   2347 South Wabash Avenue
   Chicago, Illinois 60616

RAY GRAHAM TRAINING CENTER

Dear Parent:

Some of the students at the Graham Training Center will have the opportunity to take part in a mobility training program. In this program small groups of students will travel in the school community with the mobility teacher and a teacher aide.

The students will visit the following places and learn to use the facilities through actual experience. As examples, they will go to Burger King for lunch and order their own lunch. They will travel to Naponello's Bowling Alley and bowl one game.

1. Burger King
2. Naponello's Bowling Alley
3. Chinatown
4. Lakeside Bank
5. Drug Store in South Commons
6. Swimming at Dunbar H.S.
7. Laudromat
8. Grocery Shopping at Jewel
9. Sauer's Restaurant
10. Mercy Hospital

On some of the trips mentioned above it may be necessary to send money so that your student may take part fully in the mobility activity. We will always give a two-week notice when it is necessary for your student to have money for a certain trip. If you would like your child to participate in this program, please fill out the permission slip below and return it to school.

Thank you,

Ellen M. Jordan
Principal

- -

I give permission for my child _____ to take part in the school community mobility training trips. I will send any money for student expenses which may be necessary.

_____
Parent's Signature

BEST COPY AVAILABLE

July 11, 1975

Dear Parents:

Our mobility training program involves teaching a number of skills and concepts to our clients. One aspect of their training should be familiarity with their own community and its special features.

We have obtained school buses as a part of this program to transport clients on a tour of their home communities with a final destination of the large shopping center located nearest them. On the tour, identification of the main streets and major landmarks will be made. Clients can share with each other those sites with which they are familiar such as the grocery where they shop, the park they may visit or the church they may attend. Mr. Kenny, the mobility teacher, will coordinate the program.

We hope to involve all clients in this readiness training to help reinforce the concepts being taught in the school

Sincerely,

RAY GRAHAM TRAINING CENTER

July 15,1975

Dear Parent:

Your son/ daughter,_____ has been employed as a Summer Youth Employment Program student worker. Student workers will earn $2.10 per hour and will work ten hours a week. Since each student will earn over $40.00 per pay period we feel that this presents an excellent opportunity for our students to learn about savings accounts.

Two of our teachers, Mr. Kenney in mobility and Mr. Reilly in work training, will help our student workers become more familiar with savings accounts and their usefulness. We ask you to give us permission to help your son/daughter open a savings account. Mr. Kenney and Mr. Reilly will help your child fill out the proper forms needed to open a savings account. If you would like your child to have a savings account, please indicate which bank you prefer for your child's account. Each bank would involve a different mobility program. The opening of an account at Lakeside Bank would involve a walking trip from Graham to the bank, it would help familiarize our students with our school community. Opening an account at First Federal Savings and Loan would involve a C.T.A. bus trip downtown to the bank, it would our students become more familiar with the downtown area and it's various shops and offices. Opening an account at a neighborhood bank will help teach your child more about his home community and it's stores.

We would like to begin this mobility-savings program as soon as possible so that we can begin the savings account with your child's first check in two weeks. If you have any questions about the savings account or the mobility training, please call Mr. Reilly or Mr. Kenney at the Graham Training Center, 842-3600.

Sincerely,

Ellen M. Jordan
Principal

Student's Name _____

_____ I do not want my child to take part in the mobility- savings program.

_____ I would like my child to open a savings account at the Lakeside Bank and give my permission for mobility walking trips to the bank.

_____ I would like my child to open a savings account at the First Federal Savings and Loan and give my permission for mobility C.T.A. bus trips to the bank.

_____ I would like my child to open a savings account at the _____ located in our home neighborhood at _____. I give my permission to use both C.T.A. bus and walking mobility trips.

_____

Parent's Signature

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